**MEDICAL Information Form - Peace Camp 2018 - June 22, 23 and 24, 2018**

**Fill out medical information for each camper. This form is to be used in case of emergency and will otherwise be kept confidential. *Continue on back or Copy form if more space is needed.***

**If you are under 18 and coming to camp, the form must be signed by your parent or guardian.**

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| --- | --- | --- | --- | --- | --- | --- |
| **1) ADULT (18 or over):** | |  | | | **Date of Birth:** |  |
| **Insurance Co:** |  | | | **Member & Group #:** |  | |
| **Any medical conditions, illnesses, recent surgeries or any other information necessary in case of emergency treatment:** | | | | | | |
|  | | | | | | |
| **Known Allergies:** | |  | | | | |
| **Medications:** | |  | | | | |
| **May share with healthcare in emergency:** | | | **X** | | | |
|  | | | ***Signature*** | | | |
| **2) ADULT (18 or over):** | |  | | | **Date of Birth:** |  |
| **Insurance Co:** |  | | | **Member & Group #:** |  | |
| **Any medical conditions, illnesses, recent surgeries or any other information necessary in case of emergency treatment:** | | | | | | |
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| **Known Allergies:** | |  | | | | |
| **Medications:** | |  | | | | |
| **May share with healthcare in emergency:** | | | **X** | | | |
|  | | | ***Signature X*** | | | |
| **1) CHILD (under 18):** | |  | | | **Date of Birth:** |  |
| **Insurance Co:** |  | | | **Member & Group #:** |  | |
| **Any medical conditions, illnesses, recent surgeries or any other information necessary in case of emergency treatment:** | | | | | | |
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| **Known Allergies:** | |  | | | | |
| **Medications:** | |  | | | | |
| **May share with healthcare in emergency:** | | | **X** | | | |
|  | | | ***Signature of Parent or Guardian*** | | | |
| **2) CHILD (under 18):** | |  | | | **Date of Birth:** |  |
| **Insurance Co:** |  | | | **Member & Group #:** |  | |
| **Any medical conditions, illnesses, recent surgeries or any other information necessary in case of emergency treatment:** | | | | | | |
|  | | | | | | |
| **Known Allergies:** | |  | | | | |
| **Medications:** | |  | | | | |
| **May share with healthcare in emergency:** | | | **X** | | | |
|  | | | ***Signature of Parent or Guardian*** | | | |
| **3) CHILD (under 18):** | |  | | | **Date of Birth:** |  |
| **Insurance Co:** |  | | | **Member & Group #:** |  | |
| **Any medical conditions, illnesses, recent surgeries or any other information necessary in case of emergency treatment:** | | | | | | |
|  | | | | | | |
| **Known Allergies:** | |  | | | | |
| **Medications:** | |  | | | | |
| **May share with healthcare in emergency:** | | | **X** | | | |
|  | | | ***Signature of Parent or Guardian*** | | | |