

**St. Francis Cathedral Camp
528 Main Street
Metuchen, New Jersey 08840**

Personal Health and Medical Record for Campers

ALL CAMPERS MUST HAVE AN IMMUNIZATION FORM ATTACHED TO THIS MEDICAL FORM IN ORDER TO BEGIN AT SUMMER CAMP!

Campers Name _____

Parent/Guardian _____

Address: _____

Phone Number: _____ **Cell Number** _____

EMERGENCY CONTACT #1

Name: _____

Address: _____

Phone Number: _____ **Cell Number** _____

EMERGENCY CONTACT #2

Name: _____

Address: _____

Phone Number: _____ **Cell Number** _____

Current medications or changes in health since last physical (including injuries sicknesses or allergies):

Operations and/ or illnesses please include dates:

Limitations of any activities, please explain in detail:

Medications that we need to be made aware of:

Dietary Conditions, please be specific:

Dentist:

Address:

Phone #:

Medical Insurance Carrier:

Policy and/ or Group Number:

If there is any other pertinent information that you believe we should be aware of, please list below and be as specific as possible:

The health history is correct as so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Emergency Authorization: In case of an emergency, in the event that you or your family physician cannot be contacted; I hereby give permission to the camp staff for my child/me, as named above, to be taken to the nearest medical center for treatment.

Signature of Parent/Guardian over 18 years of age:

Date: _____