



# CGM

## CAMP GAILOR-MAXON

### Camper Health Form

Please complete this form and send it with a copy of your Health Insurance Card (front and back) by May 31 to: CGM Director, c/o DuBose, PO Box 339, Monteagle TN 37356.

*Use a separate form for each camper.*

<b>Camper</b>	NAME	First	Nickname	Last
	Gender:	M / F		Grade Entering <i>after</i> Camp:
	Birthday (MM/DD/YYYY)			
Circle session Attending: <b>I</b> (rising 10-Freshman) <b>II</b> (rising 7-9) <b>III</b> (rising 4-6) <b>Pre-Camp</b> (rising 1-3)				

<b>Parents Information</b>		Mother	Father	Emergency Contact (other than parent)
	Last Name			
	First Name			
	Home Phone	( ) -	( ) -	( ) -
	Cell Phone	( ) -	( ) -	( ) -
	Work Phone	( ) -	( ) -	( ) -
	Relationship to Camper	n/a	n/a	

<b>Camper Medical History</b>	<i>Check all that apply with approximate dates.</i>			
	Chicken Pox:	Rheumatic fever:	Measles:	German measles:
	Mumps:	Seizures:	Diabetes:	Ear infection:
	Hay Fever:	Allergies:	Insect bite reaction:	Poison Ivy:
	ADHD:	Other:		
	Chronic or reoccurring conditions or illness:			
	Operations or serious injuries:			
	Medication allergies:			
	Disabilities:			
	Date of last tetanus booster (mandatory within past 10 years):			
	List Dietary restrictions (vegetarian, gluten-free, peanut allergy, etc.):			
	List any additional health history or activity restrictions nurse should know about:			
	List all medications, including over-the-counter drugs camper will be bringing to camp, along with proper dosage instructions. Prescription drugs must be in the original containers. Note: ALL medications must be given to Camp Nurse at registration and will be kept in the Camp's Health Center. Medication:			
	<b><i>Please notify camp if camper is exposed to any communicable disease during the three weeks prior to camp.</i></b>			

<b>Insurance &amp; Authorization</b>	Camper's insurance provider:	Policy Number:
	Type of insurance: PPO, POS, HMO, Private pay	Primary insured's Name:
	<b>AUTHORIZATION:</b> <i>To the best of my knowledge, the health history provided is true and correct. I understand that payment for any medical treatment or prescription needed by my child is my sole responsibility. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Gailor-Maxon to hospitalize, secure proper treatment for, and to order the injection, anesthesia, or surgery for my child as named on this form.</i>	
Signature:		Date:

***All campers must have health insurance. Enclose a copy of the front and back of your insurance card.***