

The Swamp: Medical Form

(Must be filled out by a parent or guardian. Required fields marked by '*'.)

Camper's Name*:		Sex*: Male / Female	Age (on 8/31/09)*:																		
First Choice (week # and dates)*:																					
Parent or Guardian's Names*:		First Time Camper*: Yes / No																			
Business Phone*:	Home Phone*:	Cell Phone:																			
Home Street Address*:																					
City*:	State*:	Zip*:																			
Alternate Emergency Contact*:		Relationship to Camper*:																			
Alternate's Business Phone*:		Alternate's Home Phone*:																			
Physician's Name*:		Have you had a Tetanus Shot in last 10 years*: Yes / No																			
Physician's Phone*:		Date of last Tetanus shot if known:																			
Insurance Company (or Medicaid)*:		Ins. Policy #:																			
Street Address of Insurance Company*:																					
City*:	State*:	Zip*																			
<p>Health History: Does your child have any of the following? For each "yes" answer, you must mark the appropriate blank and give details in the "Explanation" space provided. If your child has a chronic condition, please explain and write how serious it could get in the event the condition flares up. Any chronic condition may require a release letter from your child's physician. Include any usual method of treatment, and if medications are involved, make sure your child brings them to camp in the original bottle/package that identifies the prescribing physician, name of drug, dosage, and frequency. Please attach additional information from the child's physician if the child has a chronic condition to any of the below symptoms.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> High blood pressure</td> <td><input type="checkbox"/> Ear problems</td> <td><input type="checkbox"/> Seizures</td> </tr> <tr> <td><input type="checkbox"/> Allergies to any medications</td> <td><input type="checkbox"/> Recent sports injury</td> <td><input type="checkbox"/> Stomach problems</td> </tr> <tr> <td><input type="checkbox"/> Bronchitis</td> <td><input type="checkbox"/> Reactions to insect bites/stings</td> <td><input type="checkbox"/> Hay fever/sinus problems</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Allergies to any foods</td> <td><input type="checkbox"/> Allergies to non-prescription drugs</td> </tr> <tr> <td><input type="checkbox"/> Fainting spells</td> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Emotional needs</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Ear problems	<input type="checkbox"/> Seizures	<input type="checkbox"/> Allergies to any medications	<input type="checkbox"/> Recent sports injury	<input type="checkbox"/> Stomach problems	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Reactions to insect bites/stings	<input type="checkbox"/> Hay fever/sinus problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies to any foods	<input type="checkbox"/> Allergies to non-prescription drugs	<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Asthma	<input type="checkbox"/> Emotional needs	<input type="checkbox"/> Other		
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Explanations: (please write explanations to any item you have checked on reverse or on a separate sheet)																					
Has your child been hospitalized in the last year? (Give brief explanation):																					
List medicines taken daily (include dosages):																					
List medicines taken when necessary (include medications taken during the school year):																					
Describe any other special needs including physical limitations, emotional needs, or dietary restrictions:																					

Waiver of Liability: I, as a parent or guardian of the camper named above, do hereby give my permission for the camper to attend and participate in all activities at The Swamp located in Penfield, Georgia. To the extent permitted by law, I agree not to hold the Swamp Organization/ACC Recreation Services, Inc., its camp employees and volunteers, and all individuals associated with the program liable for any injury or harm to my child as a result of my child's participation in camp activities or while my child is in transit to or from the program activity. I also give permission for the contact person listed to pick up my child in an emergency, if I am unable to do so.

Authorization for Treatment: In the event that emergency medical or dental treatment is needed, I hereby give permission to the camp directors and/or nurse to seek any treatment they deem necessary (x-rays, routine tests, and transportation). In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for the child named above. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided.

Signature of Parent/Guardian:	Date:
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Send completed registration form, medical form and deposit to: Swamp Registration, 1380 Maxeys Road, Union Point, Georgia 30669. All checks should be made payable to ACC Recreation Services, Inc.

If any of the required spaces above are not filled out, your form WILL BE returned and your child will NOT be registered. A completed registration form, the medical form and at least a \$50 non-refundable deposit must be received before your child's registration is complete. No further action can be taken until all three items are received. Once registration is complete, you will be notified via mail or email.