**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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |
|  |
| **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:** |
|  |
| **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*** |