

Melody Fairchild Running Camp - 2010

Medical History

Camper's Name _____

Past history of lacerations, injuries or illnesses:

Allergies (food, animals, etc.): _____

Activity Restrictions: _____

Special medication taken outside of camp _____

Reason _____

Medication to be taken at Camp _____

Reason _____

Medication must be in original containers and accompanied by Medication Administration Forms signed by you and your doctor indicating time and dosage. All medication must be kept at the office. Most of our activities will take place in an outdoor environment. At this altitude the sun is stronger - don't forget you a hat and sunscreen.

Any other helpful information? _____

Your insurance carrier: _____ Policy# _____
(please include a photocopy of your insurance card)

Family Doctor (name, address, phone)

Family Dentist (name, address, phone)

Hospital of choice
