

Deaf Camp Camper Medical Form

Medical Information & Authorization

You will need to fill out one medical form for each child



Camper Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent(s) Name(s) _____

Parent(s) Phone # Day: _____ Night _____

Physician's Name _____ Phone # _____

List any allergies: _____

List any restricted activities _____

Cause of Deafness: _____

Hearing devices? Visual Aids? List here: _____

List any Deaf relatives: _____

My Child is currently taking the following medicines ***please include EpiPen/inhaler if have***

Name of Medicine	Dose Amount	Reason for meds (helpful to our Staff)

Date of last Tetanus Shot: _____ Medical Insurance Number _____

(must have this information)

Insurance Provider: _____

Do not sign anything till you meet the Notary Public.

Medical Authorization

IN case of Medical Emergency, I hereby give my permission to the staff member in charge to: Hospitalize, and/or secure services of a licensed physician, surgeon, or anesthesiologist in providing the necessary care for my child as named on this application. I certify that my child is in good physical condition and can participate in the entire summer program except for activities listed as "restricted".

Signature of a Parent or Legal Guardian _____ Date _____

State Of Tennessee County of _____

Before me, the undersigned, a Notary Public and for said County and State, personally appeared _____, with whom I am personally acquainted (or proven to me based on satisfactory evidence), and who, upon oath, acknowledged himself/herself to be _____. Witness my hand and seal at _____, TN this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public _____