

Medical & Release Form



General Information

Student name _____

Age (@ start of camp) _____ Sex _____

Parent or Guardian _____ Home Phone () _____

Address _____ Work Phone () _____

City _____ State _____ Zip _____

Email _____

Second Parent or Guardian _____ Work Phone () _____

If above are not available in emergency, notify: _____

Relationship _____ Home Phone () _____ Work phone () _____

Return to:
PO Box 325
Alloway, NJ 08001

Health History

Physical Conditions & Diseases * Check all that apply

___ Frequent Ear Infections ___ Diabetes

___ Heart Defects/Disease ___ Hypertension

___ Convulsions /Epilepsy ___ Mononucleosis

___ HIV Positive ___ Asthma

___ Behavioral ___ Hepatitis

___ Mental Conditions ___ Other _____ Medications _____

Allergies

Source _____ Reaction _____

Food _____

Animals _____

Hay fever _____

Insect stings _____

**Please elaborate on the back of this form, any of the above physical conditions, diseases or allergies:

Health Care

Physician's Name _____ Phone Number () _____

Dentist's / Orthodontist's Name _____ Phone Number () _____

Date of last health exam: _____ (Doctor's visit is required within 24 months of Camp Edge attendance)

Is the student currently under a physician's care for any injury or illness? Explain:

Are there conditions that will restrict the student's involvement in any Camp Edge activities? Explain:

Are there any dietary concerns of which Camp Edge should be made aware? Explain:

List the Medications to be given by your child's teacher while at Camp Edge

Medication _____ Dosage _____ What Time to take _____

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All Medications must be in their original container with original label.

Immunization Records ARE needed for campers.