

Alasdair Fraser's



SIERRA FIDDLE CAMP

MINOR HEALTH HISTORY AND MEDICAL RECORD

► To be completed by parent ◀

Participant Name _____ Age _____
 Address _____ Sex M F
 City/St _____ Zip _____ Birthdate _____
 Home phone _____ email: _____
 Parent/Guardian _____ Business phone _____
 Parent/Guardian _____ Business phone _____
 Emergency contact _____ Phone _____
 Health insurance: _____ Plan # / ID# _____
 Doctor _____ Phone _____
 Dentist _____ Phone _____

HEALTH HISTORY

1. Recent surgery or serious injury (explain) _____
2. Recent exposure to any contagious diseases (explain) _____
3. Currently taking medication (explain) _____
(Send dosage, instructions & label correctly)
4. Any behavioral conditions (explain) _____
5. Are child's immunizations up to date? ___ yes ___ no
6. Date of last tetanus shot: _____

Please check any of the conditions that apply to your child:

ASTHMA EPILEPSY DIABETES BLEEDING POISON OAK
 INSECT BITES CONTACT LENSES HEARING AID ALLERGIES

Explain _____

OTHER _____

The above general information and health history is correct to the best of my knowledge.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned, hereby grant permission to the medical personnel selected by the Sierra Fiddle Camp staff, with the approval of my child's guardian _____, to order the necessary treatment for my child in the event of an emergency and I cannot be reached. I also grant permission to the physician selected by the Sierra Fiddle Camp staff to secure proper treatment for injection and/or anesthesia, and/or surgery for my child as named above. In addition, I authorize the medical facility that has provided the treatment to the above named child, to surrender custody of said minor to the Guardian or Sierra Fiddle Camp staff upon completion of treatment. This form may be photocopied for off site use.

PARENT/GUARDIAN _____ DATE _____