

# HUNT HILL AUDUBON SANCTUARY MEDICAL FORM

PROGRAM: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

Our camp provides first aid only. In the event of illness, or injury, a doctor will be called at the participant's expense. In an emergency, the camper will be transported to Spooner Memorial Hospital, unless preference is noted here:

**In case of emergency, who should be notified?**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

SECOND CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

FAMILY DR: \_\_\_\_\_ CLINIC \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**HEALTH CONDITIONS AND ALLERGIES**

Are your activities in any way limited now? \_\_\_\_\_

Have you been ill recently? \_\_\_\_ With what? \_\_\_\_\_

Are you allergic to any medication? (specify) \_\_\_\_\_

Are you allergic to insects or plants we might encounter on a fieldtrip? \_\_\_\_\_

Are you currently taking any medication the staff should be aware of? \_\_\_\_\_

Date last tetanus booster: \_\_\_\_\_

**DIETARY NEEDS AND FOOD ALLERGIES**

Please list any special dietary needs or food allergies that our staff should be aware of when preparing meals:

**PAST MEDICAL HISTORY**

Any history of asthma or severe allergic reaction? \_\_\_\_\_

Previous surgery? \_\_\_\_\_

Previous severe injuries (broken bones – major trauma)? \_\_\_\_\_

Previous hospitalization? \_\_\_\_\_

Any problem requiring regular medical attention? \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_