

**AMERICAN LEGION AUXILIARY - DEPARTMENT OF IOWA  
JUNIOR CAMP MEDICAL FORM 2020**

(Please complete both sides and bring to CAMP REGISTRATION.)

Junior Camper's Name \_\_\_\_\_

**I. HEALTH INFORMATION:**

Physician's name: \_\_\_\_\_

Physician's phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Date of last examination by physician \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Recent illness or injury (describe): \_\_\_\_\_

\_\_\_\_\_  
All medications must come in the original container. Medications required during Junior Camp, purpose, instructions for nurse (please explain in person to nurse): \_\_\_\_\_

\_\_\_\_\_  
Are there any medications that the Junior Camp should not be given? (Aspirin, throat lozenges, laxative, etc.) \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**SUBJECT TO:**

_____ Homesickness	_____ Convulsions	_____ Cramps
_____ Sleepwalking	_____ Sore Throats	_____ Headaches
_____ Hyperactivity	_____ Nosebleeds	_____ Earaches
_____ Exhaustion	_____ Toothaches	_____ Fainting
_____ Swimmers Ear		
_____ Other - Please explain:	_____	

Date of last Tetanus shot? \_\_\_\_\_

Does girl have history of severe menstrual cramps? \_\_\_\_\_

Does girl have her appendix? \_\_\_\_\_

Does girl have her tonsils? \_\_\_\_\_

Does girl wear glass or contact lenses? Which? \_\_\_\_\_

Does girl wear hearing aid, orthodontic, braces, orthopedic braces, shoes, or other prosthesis? \_\_\_\_\_

**II. PERSONAL AND FAMILY DATA:**

1. The girl (does/does not) stay over-night, away from home without becoming homesick. (circle one)
2. This girl (has/has not) stayed over-night, away from home for a

- continuous week prior to Junior Camp. (circle one)
3. Does this girl get her feelings hurt easily? YES \_\_\_ NO \_\_\_  
Please explain: \_\_\_\_\_
4. Any other personal or family information that would help the Junior Camp Staff better understand and relate to your girl to make her experience pleasant? \_\_\_\_\_
5. May staff give aspirin or Tylenol if deemed necessary? \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_

STATEMENT OF AUTHORIZATION AND DESIGNATION:

Junior Camper's name: \_\_\_\_\_

I certify that I am the parent/legal guardian of the above-named minor. The above name minor has my consent to attend the Iowa American Legion Junior Auxiliary Camp from August 9 through August 14, 2020. I designate the Junior Camp Nurse to authorize and consent to any examination, medical/surgical diagnosis, treatment, admission to hospital, and related care for the above-named minor. This authorization is to be made only after a reasonable attempt has been made to contact me. I agree to accept financial obligations for any unwarranted damage done by the above-named minor during the effective dates of this authorization. I authorize the Junior Camp Director to send the above-named minor home at my expense if this becomes necessary. I give consent for her to participate in any field trip which is part of Junior Camp. This designation and authorization is effective from August 9 through August 14, 2020. I agree to accept all residual legal and financial responsibilities from this agreement.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number