



JUNIOR CAMP MEDICAL FORM

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

Junior Camper's Name _____

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 overnight, 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 June 2, 2024 through June 7, 2024. 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. I agree to accept all residual legal and financial responsibilities from this agreement.

Parent/Guardian Signature _____
Date

Address

Phone Number