

MEDICAL FORM

St. Thomas Reformed Church Summer Camp 2025

Name of Child _____ Date of Birth _____ Age _____

Names of Parents/Guardian _____ Phone _____

Physician's Name _____ Phone _____

Significant Family History _____

MEDICAL HISTORY

Significant past illnesses, injuries, operations, physical limitations, disabilities

Allergies

Special Medications

Special Diets

Contagious Diseases (check all that apply)

☐ Measles

☐ Chicken Pox

☐ Mumps

☐ German Measles

☐ Whooping Cough

☐ Scarlet Fever

☐ Other (please specify) _____

**Immunization & Tests: A copy of immunization card/record must be submitted
with the medical form prior to the first day of camp.**

CONSENT FOR EMERGENCY CARE

I hereby give permission for a certified camp staff member to administer First Aid/CPR, call for transport and/or provide transport to the hospital for my child in the event of a medical emergency. ☐ **YES** ☐ **NO**

PRINT Parent/Guardian Name

Parent/Guardian Signature

Date