

Alasdair Fraser's SIERRA FIDDLE CAMP

MINOR HEALTH HISTORY AND MEDICAL RECORD

- To be filled out 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. Is child's immunization records 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 _____