

# Camp Fire Medical Form 2026

A summer camp participant will not be permitted to attend camp unless this form is completed and returned with the registration. Please complete one for each child.

Last Name \_\_\_\_\_; First Name \_\_\_\_\_

Birthdate (month/date/year) \_\_\_\_\_; Gender \_\_\_\_\_; Age \_\_\_\_\_

Phone (        ) \_\_\_\_\_; Alternate Phone Number (        ) \_\_\_\_\_

## HEALTH HISTORY

(Check all that apply)

_____ Asthma	_____ Ear Infections	_____ Migraines	_____ Hay Fever
_____ Convulsions	_____ Diabetes	_____ Heart Disorder	_____ Behavior/Social Disorder
_____ Spinal injury	_____ Seizures	_____ Loss of Organ	_____ Surgery (past year)
_____ Hemophilia	_____ Illness (past month)	_____ Other: _____	

**Allergies:**

**Operations or other serious injuries** (List conditions and dates. All serious or recent injuries require a physician's clearance before attending camp):

**Chronic / recurring illnesses, or serious illness in the past 6 months** (List conditions and dates. All serious or recent illness requires a physician's clearance before attending camp):

**Medications camper is currently taking** (Please be specific. NOTE – We prefer not to administer vitamins / supplements at camp):

**Restrictions / limitations while at this camp:**

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**Parent / Guardian Authorization**

The health history is correct, so far as I know, and the person described above has my permission to engage in all prescribed camp activities, except those described above.

In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to hospitalize, secure proper treatment for, and to act on my behalf for the best treatment possible.

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

Physician's clearance may be sent to:

**Camp Fire Ministries**

**3109 Oak Street**

**Cottage Grove, WI 53527**