

Camper Medical Form

Trail's End Ranch

Sports and Adventure Camp

P.O. Box 460, Ekalaka, MT 59324 (406) 775-6401 fax: (406) 775-6441 ter@midrivers.com www.ter.org

Personal Information

Circle one: Male Female

Name _____ Date of Birth ___/___/___ Age at camp ____ Soc. Sec. No. _____

Permanent Address _____

Street Address

City

State

Zip

Camper's E-mail Address _____ Parents E-mail Address _____

In Case of Emergency Contact _____ Relationship _____

Home Phone _____ Business Phone _____

If not available in an emergency, contact _____ Relationship _____

Home Phone _____ Business Phone _____

Mother's Name _____ Phone _____ Occupation _____

Father's Name _____ Phone _____ Occupation _____

Doctor _____ Phone _____

Medical History (attach additional page if necessary)

Serious illnesses, surgeries, recent broken bones, childhood diseases, etc (include dates):

History of psychological or behavioral problems (violence, attempted suicide, uncontrolled anger, sexual misconduct, etc.)

Allergies (medications, food, animals, etc.):

Restrictions (activities, diet -- what & why):

Medical or behavioral problems for us to watch for:

Medications Being Taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name, dosage, and frequency of administration of medication.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med # 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Identify any medications taken during the school year that participant does/may not take during the summer.
Use separate sheet to list additional medicines.

Has camper been adequately immunized for: Polio _____ Mumps _____ DPT _____ Measles _____ Tetanus _____
Date _____

*Note: All guests are expected to use their own health and accident insurance at camp.
A limited policy is carried to cover those who have no insurance. TER assumes no liability above these limits.*

Insurance Information, Authorization And Contract For Services

Is the participant covered by family medical/hospital insurance? Yes No
If so, indicate carrier or plan name _____ Group # _____
Carrier address _____
Name of holder _____ Relationship to camper _____
Soc. sec. no. of policy holder or insurance ID number _____ Birth date of policy holder ____/____/____

I authorize release of information required to complete the proper insurance forms by the medical provider as appropriate. I also authorize and direct all insurance companies to pay all benefits directly to the medical providers as appropriate. I also understand that even though I have assigned all benefits to the provider, I remain financially responsible for the payment of my account, regardless of insurance determinations.

_____ Date _____
Responsible Party

Permission To Provide Necessary Treatment Or Emergency Care

I give my permission to medical personnel selected by Trail's End Ranch to provide routine health care, to dispense needed over-the-counter drugs and prescription drugs brought by the camper, and give any emergency medical attention necessary for _____
Camper's Name _____

Any exceptions to this are specifically listed here _____
Signature _____ Date _____
Parent or guardian must sign unless participant is over 18 years old and able to sign for himself/herself.

I understand that if any camper refuses to obey the camp rules or causes disruption of the camp through his/her behavior, the parents or guardians will be contacted and the camper sent home at their expense. There will be no reimbursement of camp fees in such cases.

Parent/Guardian's Signature

For Camp Use Only: Screening Record

Date screened _____	Time _____	am pm	Meds received	Yes	No
Current health needs identified _____					
Observational notes _____					
Screened by _____					