PINE ISLAND CAMP

BELGRADE LAKES, MAINE 04918
207-729-7714 (winter); 207-465-3031 (summer)

MEDICAL QUESTIONNAIRE TO BE COMPLETED BY PARENT

Please record below all information of major or minor importance to the health of your son and sign the treatment authorization on the back of this form. **Be sure to get your Family Physician to sign and complete the immunization information on the back of this form**, and then return the form to us at **least two weeks** before your son's arrival at camp.

Date:_____

Boy's name_____ Birthdate:_____Social Security #: _____

Parent or Guardian _____ Home phone _____

Parent's business phone _____ Parent's business phone _____

Home Address _____ Cell phone _____

City _____ State_____ Zip_____

Summer Address _____ State_____ Zip_____

If you are not available, name of alternative emergency contact:

_____ Phone_____

Any surgical operations or injuries: _____ _____

Illness in the past two months: _____ _____

Conditions restricting participation in camp activities: _____ _____

Any matters of psychological importance: _____ _____

Allergies/dietary restrictions (include prescriptions and letter from physician where applicable): _____

Medicines to be taken at camp. (Include physician's letter, times, amounts and what for if not mentioned): _____

_____ _____

Sleepwalking: _____ Bedwetting: _____

Contagious Diseases: (please give age and date) It is of great importance that parents notify Pine Island if a child has been exposed to a contagious disease and could be arriving at camp within the disease's incubation period.

Measles_____	Mumps _____
Chicken Pox _____	Polio _____
Whooping Cough _____	Scarlet Fever _____
Rheumatic Fever _____	Meningitis (type)_____
German Measles_____	Diphtheria _____
Streptococcal Infections _____	Known exposure to HIV _____
Tuberculosis _____	Hepatitis _____
Epstein-Barr virus (mononucleosis)_____	H1N1 ("Swine flu") virus _____

Additional health concerns: _____ _____

_____ _____

(Parents' section of health form continues on reverse --->)

Health Insurance:
****PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR SON'S HEALTH INSURANCE CARD****

Policyholder's Name:_____ Signature:_____

****

Emergency Information & consent to treat

To the best of my knowledge, this health history is correct and complete, and the camper has my permission to participate in all of the activities referred to in Pine Island promotional and informational materials. I hereby give permission to the camp medical personnel to provide routine medical care to my child in the infirmary. I give permission to the medical personnel selected by the camp director to order treatment, x-rays, routine tests, and necessary transportation for my child. I acknowledge that in case of minor injury or illness, my child will be admitted to the infirmary and I will be notified in all but the most minor cases. In the event that I cannot be reached immediately in an emergency or in case of serious illness or injury, or when delay could cause danger to the camper, I hereby give permission to the physician selected by the camp director to secure and administer any and all treatments or procedures he or she deems necessary, including hospitalization, emergency medical or surgical procedures, and the use of anesthesia. Furthermore, I authorize the release of any and all of my child's medical records as requested by the attending physician. I agree to be responsible for reimbursement of any and all medical expenses incurred by Pine Island Camp on behalf of my child.

Parent or guardian signature:_____ Date:_____

****

The following section should be completed by the family physician's office
Please complete form below or attach a copy of child's immunization record

VACCINE	DTP	VARICELLA	HIB	OPV	HEP B	MMR 1	MMR 2	TD
Date Given								
Date Given								
Date Given								
Date Given								
Date Given								
Date Given								

Health concerns or restrictions: _____

_____

Family Physician:

Name:_____ **Phone:**_____

Address:_____ **Date of most recent appointment:**_____

Physician's signature:_____ **Date:**_____