

# SAINT JOHN'S UNIVERSITY HEALTH INFORMATION/CONSENT FOR TREATMENT FORM

This information will be used to provide proper medical treatment to the participant in case the need arises. Please fill out **completely**.

Camp Week: \_\_\_\_\_

## General Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

## Parents/Guardian and Emergency Contact Information

Name of Parent(s)/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In the event your parent(s)/guardian is not available in an emergency please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Consent for Treatment

If a serious illness or injury develops, medical and/or hospital care will be given. I understand that in case of medical emergency an attempt will be made to notify me. I hereby give my permission to the attending health care provider to secure proper treatment for or to hospitalize the child named above.

Staff members for the activity are not responsible in case of accidental injury or illness.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Camper's name \_\_\_\_\_

## Medical History Information

Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

*Please check any of the following conditions that apply to you and provide further details below:*

Asthma  Seizures  Fainting Spells  Depression/Anxiety  Diabetes  Heart Trouble

Other (please specify) \_\_\_\_\_

*Allergies or reactions to:*

Penicillin  Other Drugs (List) \_\_\_\_\_

Foods (List) \_\_\_\_\_

Hay Fever  Insect Bites or Stings  Ivy, oak, and/or sumac poisoning

Carries an Epi-Pen

*Participant has difficulty with:*

Eyes, ears, nose throat  Headaches  Menstrual problems  Lungs  Bed wetting  Sleep walking

Home sickness

Other (List) \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of last Tetanus shots \_\_\_\_\_

*Please provide a detailed description of any conditions you noted above or any other conditions of which we should be aware. Attach additional pages if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please list any specific activities to be restricted.*

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\_\_\_\_\_