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# CVP 2012 Medical Profile

Please complete and send to: 554 McCallie Ave, Chattanooga, TN 37402 After  
May 31 send to: 3216 Lee Pike, Soddy Daisy, TN 37379

Last Name

## CAMPER INFORMATION

Camper Name:			Session:
Street Address:			
City:	State:	Zip:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Age:	Height:	Weight:

## PARENT/GUARDIAN #1

## PARENT/GUARDIAN #2

Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Relation to Camper:	Relation to Camper:

First Name

## EMERGENCY CONTACT

## INSURANCE INFORMATION

Other than parent/guardian, list an Emergency Contact:	<b>COPY OF INSURANCE CARD REQUIRED.</b>
Name:	Name of Insured:
Home Phone:	Employer:
Work Phone:	Insured SS#:
Cell Phone:	Insurance Company:
Relation to Camper:	Policy #:
	Group #:

M.I.

## ALLERGIES

DRUGS	FOOD	OTHER

Session

## DOCTOR & IMMUNIZATION HISTORY

Camper's Doctor:	Doctor's Phone #:
Are Immunizations Current?	Date of Last Tetanus Shot:

**MEDICAL HISTORY** - Has your camper had or does your camper currently have:

	YES	NO		YES	NO
A chronic or recurring illness/condition?			Food allergies or restrictions?		
Recent Surgery?			Diabetes?		
Frequent headaches? Migraines?			Asthma?		
Frequent ear infections? Tubes?			Problems with sleepwalking?		
Heart murmur?			Problems with bed-wetting?		
Skin problems?			Other?		

If you answered "yes" to any of the above questions, please explain, noting the number of the question.

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Is there any other information concerning your camper's physical, emotional, mental health or behavior that we need to be aware of? Please describe below. All information is confidential and is used to help us better serve the needs of your camper.

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**CAMPER MEDICATION**

Medications will not be administered on Monday or Saturday morning. For Session 1, medications will not be administered on Thursday morning or Saturday after lunch.

All pharmacy medications must be brought to camp in the original container with the camper's name and correct dosage. Campers are not allowed to keep any medication with them in the cabin, unless authorized by the camp nurse.

List all over-the-counter medications that you DO NOT want your camper to receive:

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List all medications that your camper will take at camp:

MEDICATION	DOSAGE	FREQUENCY	REASON FOR DRUG

We thoroughly check all campers and staff for lice upon arrival. If any nits are found we will discreetly ask the parent to take the child home until he/she can be treated and return nit-free.

**All Medication** (both prescription and over-the-counter) **must be checked in with the Camp Nurse at the time of registration.** Prescription medicines MUST be in a pharmacy-labeled container, including dosage and instructions, with the camper's name as the primary patient. Please send a 7-Day pillbox to put meds in.

Note: If your camper has been on medication to help control behavior, and you have chosen to take him/her off for some reason, we need to know of the condition and the medication used for controlling it.