

Brookhaven Retreat
Medical Consent Form

Name: _____ Birthdate: _____ Sex: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Home Address: _____

If not available in emergency notify:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Please furnish current health insurance with policy number covering camper.

Health Insurance Company: _____

Policy Number: _____

I certify that this camper is in good health to the best of my knowledge and from past health examinations. I hereby give my permission for my child to engage in all camp activities, including the Ropes Course and water activities, except noted by me (attach.) In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named on this form.

I further agree that I will not hold Brookhaven Retreat, its staff or Board of Directors, responsible in the event of any accident, altercation, or emergency involving my child while at or in route to or from Brookhaven.

Signature: _____ Date: _____

HEALTH HISTORY

CHECK THOSE APPLICABLE GIVING APPROXIMATE DATES

Allergies: Diseases:

Ear Infections: _____ Hay Fever: _____ Chicken Pox: _____

Rheumatic Fever: _____ Ivy Poisoning: _____ Measles: _____

Convulsions: _____ Insect Sting: _____ German Measles: _____

Diabetes: _____ Penicillin: _____ Mumps: _____

Behavior: _____ Other Drugs: _____ Ashtma: _____

Foods: _____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of dates of basic Immunizations and the most recent booster doses.

DTP Series: _____ Booster: _____ Tetnus Booster: _____

Polio OPV (Sabin): _____ Booster _____ Typhoid: _____

Measles Vaccine (live): _____ Tuberculin Test _____

German Measles (rubella): _____ Mumps Vaccine (live): _____

Small Pox: _____ Other: _____

Additional Comments: _____