



Camper's First Name

Camper's Last Name

Grid for first name

Grid for last name

Due to the nature of activities at Dry Gulch, U.S.A., full disclosure concerning the camper's medical history must be made. If full disclosure is not made in advance, the Camp Director will be forced to refuse the camper, and the parents will be forced to pick up the camper immediately. Campers who arrive with fever, ringworm, pink eye, or any other communicable disease or undisclosed handicap or disability will not be admitted.

Medical Information

Please check Yes or No for each question. If yes is checked, please give approximate dates of occurrences and indicate whether mild or severe.

Medical Conditions

Yes No

- Does this camper have asthma?
Has this camper ever had convulsions?
Does this camper have diabetes?
Does this camper have a heart defect?
Does this camper have any other medical conditions or diseases?

Limitations

Yes No

- Does this camper have physical limitations?
Has this camper had psychiatric treatment?
Does this camper have mental limitations?
Are there any activities from which this camper should be restricted?

Medications

Yes No

- Does this camper take any prescription medications?
If yes, please list: (see medication policy)
What is the reason for taking the above medication?
Is this camper allergic to any medications?
If yes, please list:

Allergies

Yes No

- Is this camper allergic to peanuts?
Is this camper allergic to red dye?
Is this camper lactose intolerant?
Does this camper have allergies? (food, animals, insects, etc.)

Other Details

Yes No

- Are immunizations current for this camper?
Does this camper have any difficulty with bed wetting?
Is there any additional information regarding this camper that you feel might be helpful?

This form must be signed by the camper's legal guardian. As the parent or legal guardian of the Camper, I authorize Camper to attend Camp and to engage in all Camp activities... Signature of Parent or Legal Guardian, Print Name, Date