



Mystic Mountain Training Center – Health & Policy Form

ALL HEALTH INFORMATION WILL BE KEPT CONFIDENTIAL AND SECURE EXCEPT TO BE SHARED WITH EMERGENCY RESPONDERS AND ADMITTING HEALTH FACILITY.

Name _____ Date of Birth _____ Age _____ Gender _____
Name of Parent/Guardian _____ Relation _____
Home Phone # _____ Cell # _____ Work # _____
Home Address _____ City _____ State _____ Zip _____
Work Address _____ City _____ State _____ Zip _____
If the person named above is not available in an emergency, notify:
Name _____ Relation _____ Phone # _____
Name _____ Relation _____ Phone # _____
Personal Physician _____ Phone # _____
Health/Accident Insurance Carrier _____ Policy/Grp# _____
Name Insurance Policy is Under _____

Medical History: Please answer these questions regarding the camp participant.

Height _____ Weight _____
Date of participant's most recent complete physical exam (month & year) _____
Are you aware of any current health problems? No ___ Yes ___
Now under medical care or taking medication? No ___ Yes ___
Any surgery, injury, illness, allergy or change in health status since last physical? No ___ Yes ___
Explain any "Yes" _____

Allergies: food, medications, plants, animal, or insect toxins, etc. No ___ Yes ___
Explain _____
List any medications to be taken during camp hours. _____
List any physical or behavioral conditions that may affect participation in strenuous physical activities. _____

To the best of my knowledge, the information in this health record is accurate and complete. I give permission for _____ to fully participate in activities of Mystic Mountain Training Center Summer Day Camp.

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____