

MEDICAL FORM Korea

Child's Name _____ Sex _____ Age _____

1. Does your child have any allergies? (Food, medicines, insects, plants, etc.) Y or N

Please explain _____

2. Is your child on any regular medication or on a special diet?

Please explain _____

3. Does your child have any special medical problems?

Diabetes _____ Asthma _____ Hyperactivity _____ Heart Condition _____
Convulsions/Seizures _____ Other _____

Please explain _____

4. Any restrictions on activity?

Please explain _____

5. List any medications to be taken at camp and at what time the medication must be taken.

***Note:** If your child must receive medication during camp, please deliver to the Camp Director in original container with the written instructions. Medication will be administered only according to the written instructions and we cannot administer an expired prescription.*

6. Name of personal physician _____ Phone (____) _____

Personal Health/Accident insurance carrier _____ Policy Number _____

7. Phone numbers where parents can be reached:

Home (____) _____ Cell (____) _____ Other (____) _____

8. Additional emergency contact: Name _____

Phone Number (____) _____ Relationship to Child _____

In case of emergency, I understand every effort will be made to contact me (my spouse or relative). In the event I cannot be reach, I hereby give my permission to the physician selected by the Camp Director to secure proper treatment, including hospitalization, anesthesia, surgery, or medications for my child.

I have read the above statement and agree to the terms. **I agree**

I do not agree

Signature: _____ Date: _____