TRIPLE R RANCH
CAMPER MEDICAL FORM

Camper Last Name________________
Cabin___________________________

PLEASE DO NOT MAIL THIS FORM BACK TO THE RANCH OFFICE!
Medical forms should be brought with you to check in on Sunday.

Family Information (please print)

Camper Name___________________________ Date of Birth_____________ Current Age___ Sex__
Address_______________________________ City___________________ State____ Zip_________
Home Phone (   )______________
Mother's Name (or legal guardian)____
Address_______________________________ City___________________ State____ Zip__________
Home Phone (   )______________ Work Phone (   )______________ Cell Phone (   )_________________
Marital Status ___Married ___Divorced ___Single ___Widowed
Father's Name (or legal guardian)____
Address______________________________ City___________________ State____ Zip__________
Home Phone (   )______________ Work Phone (   )______________ Cell Phone (   )__________________
Marital Status ___Married ___Divorced ___Single ___Widowed

In case of Emergency when none of the above can be reached, please call:

1 Name___________________________ Relationship to Camper_________________________
Home Phone (   )_______________ Work Phone (   )__________________
2 Name___________________________ Relationship to Camper_________________________
Home Phone (   )_______________ Work Phone (   )__________________

Insurance Information

Insured Name___________________________ Employed by____
Medical Insurance Co.___________________ Phone # (   )_______________________
Group Name_____________________________ Identification #_______________________
Insurance Co. Address___________________ City___________________ State____ Zip__________
Family Doctor Name_____________________ Office Phone # (   )__________________________________
Address of Doctor_______________________ City___________________ State____ Zip__________

"In case of emergency and I am unavailable at the time, I hereby give permission to the physician which the camp director selects to perform any emergency medical care as may be necessary. I also acknowledge full responsibility for any medical bills for the above named camper."

Signature of Parent or Guardian____ **Date**________

Please complete information on opposite side of form

Please note that although we recommend yearly physicals for your camper, the State does not require this form to be completed by a doctor.

Personal Data

Does he / she have any physical restrictions or special problems? (i.e. contact lenses, food allergies, medication, and / or environmental allergies, fainting, sleep walking, special diet, etc.) *If yes, please attach a specific list of instructions.*

Has he / she had recent exposure to any contagious disease? ____yes ____no

If your camper suffers from asthma or diabetes, please go to our website at www.triplerranch.org and print and fill out the appropriate medical interview form. Please mail the form to: Camp Nurse, 3531 Bunch Walnuts Rd., Chesapeake, VA, 23322. Or fax to: Camp Nurse, 757-421-4179. These forms need to be reviewed by our nurse before your camper arrives at camp.

Medication

Is he / she currently taking medication? ____yes ____no

If so, please bring medications in original bottle. You will need to bring medications and this medical form to the Nurse at check in. To help speed this process, you can print a Medical Card from our website at www.triplerranch.org and have it ready at check in as well. If you are unable to do this, the Nurse will have a card for you at check in to fill out.

I hereby request that the following non-prescription medication(s) be administered if necessary at the discretion of the Camp Nurse: (Medications listed below are provided by the Triple R Ranch)

_______Tylenol _______Ibuprofen _______Benadryl _______Pepto-Bismol ______Sudafed

Health History

(Please check all that apply and double check those occurring within the past year)

___Frequent sore throats	___Diabetes	___Asthma	___Sleep Walking
___Measles	___IBS	___Urinary tract infection	___Seizures
___Asthma Attacks	___Chicken Pox	___Stomach upsets	___Bronchitis
___Pneumonia	___Sinusitis	___Ear infections	___Frequent Colds
___Skin Rashes	___Bed Wetting	___Ivy, Oak or Sumac Allergy	

Please note that if your camper is a bed wetter please do not send a sleeping bag to camp. Instead, please send sheets and blankets for a bunk bed. Sleeping bags can not be washed.

Other diseases or any additional information we should know

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Immunizations

(please give dates of last injections)

MMR_________ Tuberculin_______ Tetanus_______ Polio Vaccine_______ DPT_______

"I believe my child is able to attend camp and participate in all camp activities with the following restrictions and recommendations":

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Signature of Parent or Guardian____ Date________