

CommunityNashville

Understanding Differences ■ Building Respect

Anytown Institute 2008 Health Information

This form is to be completed by the parent or guardian (if under the age of 18) and returned to the CommunityNashville offices prior to the Anytown Institute. We respect the confidential nature of this data. This information is provided to our medical staff.

This is to certify that _____ is free from any contagious disease, transmittable infection, or other form of illness that would limit or prohibit participation in usual camp activities.

Is she/he on any routine medication? No _____ Yes _____
If yes, specify drug and dosage: _____

Reason for medication: _____
(Any routine medication normally taken for any allergy, asthma, or other condition should be brought to the Anytown Institute with specific instructions. It will be given to the medical staff to keep in safe possession during the week.)

Is she/he allergic or any medications, insects, foods or other substances?
No _____ Yes _____

If yes, please explain:

Is she/he subject to any of the following? (please check all that apply)

fainting _____ convulsions _____ asthma _____
depression _____ headaches _____ bleeding _____
severe menstrual cramps _____ other _____

Please provide approximate date of last Tetanus shot/Booster _____
**This information is essential. A booster is effective for 10 years.

If case of emergency: I understand that every effort will be made to contact parents or guardians of the individual involved. In the event I cannot be reached, I give permission for the medical staff to hospitalize, secure proper medical attention for and order any injection, anesthesia and/or surgery for _____ (name of child). I hereby state that, to the best of my knowledge, all medical information given is true and complete.

Signature of parent/guardian: _____
Address: _____

Date: _____
Home Phone: _____
Work Phone: _____
Group/Policy #: _____

Personal Insurance Co.: _____
Parent/guardian SS# _____

Person to contact in an emergency if unable to reach parent or guardian:
Name: _____
Address: _____

Phone: _____
Relationship: _____

Please mail or fax
(327.1830) this
form by **June**
27th.