

# CommunityNashville

Understanding Differences ■ Building Respect

## OurTown 2008 Health Information

This form is to be completed and returned to the CommunityNashville office prior to OurTown. 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.

Are you 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 Minitown Institute with specific instructions. It will be given to the medical staff to keep in safe possession during the week.)

Are you allergic to any medications, insects, foods or other substances?  
No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_

Are you 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 reach my emergency contact. In the event they cannot be reached, I give permission for CommunityNashville staff to secure proper medical attention \_\_\_\_\_

I hereby state that, to the best of my knowledge, all medical information given is true and complete.

Person to contact in an emergency if:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_  
Personal Insurance Co.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_