

2010 Adventure Camp
Medical Release & Permission Form

Please circle those which you have had or now have. If past history, please give date.

Ear, Nose, Throat

- Sinus Infection
- Strep throat
- Ear Infections

Respiratory

- Asthma
- Bronchitis
- Chronic Cough
- Hay Fever
- Mono
- Pneumonia

Heart

- Heart Problems/murmur
- High Blood Pressure
- Rheumatic Fever

Other

- Gallstones
- Kidney Stones
- Hernia
- Headaches
- Migraines
- Chicken Pox
- Measles
- Bleeding disorder
- Anemic
- _____

Do you have DRUG ALLERGIES? _____ if yes please list

Any other allergies? _____

List any medications that you take: _____

Date of last physical: _____

Have you ever been hospitalized or had an operation? (please list)

Anything that we should be aware of?

Signed: _____ Date _____

(If under 18, signature of parent is required)



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