**Texas State Camp**

MEDICAL INFORMATION FORM

Name Cell Phone

Home Address:

City, State, Zip:

DOB: / / Email:

Parent/Guardian Name: Cell Phone:

Emergency Contact Other Than Parent:

Cell Phone: Relation to camper:

INSURANCE

Insurance Company:

Policy #: Policy Holder Name:

Primary care physician: Phone:

MEDICAL HISTORY

List any health conditions your child has:

Allergies (environmental, food, medications, etc.):

MEDICATIONS

Prescriptions:

Dosage: Schedule:

Non-Prescription:

Dosage: Schedule:

Permission for Camp Personnel to administer over-the-counter medications

(*such as headache pain reliever*) *YES NO* (*circle one*)

Special Instructions: