

## Trout Unlimited Tri-State Conservation & Fishing Camp MEDICAL HISTORY FORM

This is the second part of your application to attend the Trout Unlimited Tri-State Conservation and Fishing Camp. You will need to submit separately both the Campers Information Form and this Medical History Form for your application to be complete.

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Medical History Form must be completed by a parent or guardian of the camper applying. All medical or health information that camp staff should know about your camper applicant must be reported on this form. Campers will be expected to fully participate daily in moderately challenging physical activities, including mountain hiking, wading in rocky mountain streams, and a variety of fishing outings, frequently in summer heat. Information given on this form will help keep your son or daughter safe and healthy, if they are selected to attend the camp.

**EMERGENCY CONTACT INFORMATION** – If your son or daughter is selected to attend the camp, and there is an emergency, camp staff will try to reach you by phone. In the space below, please give us emergency contact information for one or more adults:

	Name	Relationship	Phone number(s)
Parent or guardian	_____	_____	_____
Parent or guardian	_____	_____	_____
Other emergency contact	_____	_____	_____

**PRESCRIPTION MEDICATIONS** – **ALL** prescription medications that camper, if selected, would need to take during the camp must be reported on this Medical History Form, and the medications must be turned over to the Camp Registered Nurse at check-in registration on the first day of camp. During the camp, the Camp Registered Nurse would dispense the medications to the camper as prescribed by their physician. Any camper using a prescribed medication for concentration and/or behavior at school must continue to take the medication during camp.

**Would camper need to take any prescription medication(s) during camp?**

Yes\_\_\_\_ No\_\_\_\_

*If yes, please list medication(s) on the following page:*

**Prescription medication(s) required to be taken by camper are:**

**Medication 1:**

Dosage (how much to be taken, when):

\_\_\_\_\_

\_\_\_\_\_

Prescribed by:

who can be reached at (telephone):

Dr. \_\_\_\_\_ (MD)

\_\_\_\_\_

**Medication 2:**

Dosage (how much to be taken, when):

\_\_\_\_\_

\_\_\_\_\_

Prescribed by:

who can be reached at (telephone):

Dr. \_\_\_\_\_ (MD)

\_\_\_\_\_

**Medication 3:**

Dosage (how much to be taken, when):

\_\_\_\_\_

\_\_\_\_\_

Prescribed by:

who can be reached at (telephone):

Dr. \_\_\_\_\_ (MD)

\_\_\_\_\_

**Medication 4:**

Dosage (how much to be taken, when):

\_\_\_\_\_

\_\_\_\_\_

Prescribed by:

Who can be reached at (telephone):

Dr. \_\_\_\_\_ (MD)

\_\_\_\_\_

If additional prescription medications would need to be taken at camp by the applicant, send us a separate email to *info@tucamp.org* with that information and the applicant's name.

**SPECIAL DIET**

Would camper need to be on a special diet while at camp?       yes     no

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

**ALLERGIES**

Does camper have any allergies camp staff should know about?       yes     no

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

Applicant Name: \_\_\_\_\_ Date \_\_\_\_\_

**ASTHMA**

Does camper have a history of asthma? [ ] yes [ ] no

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

**TETANUS BOOSTER VACCINATION**

Date of last tetanus booster shot: Month \_\_\_\_\_ Year \_\_\_\_\_

**OTHER MEDICAL OR HEALTH CONCERNS**

If there are other medical or health concerns that camp staff should know about, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Parent or Guardian identified below has carefully completed this Form and has provided all medical or health information that camp staff should know about the camper applicant if selected to attend the camp.**

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

**Parent or Guardian of Camper Applicant**

Print full name: \_\_\_\_\_

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