

**MEDICAL HISTORY WITH PERMISSION AND RELEASE FORM**

**Sponsoring Church – Mount Zion Baptist Church**

Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Night Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Night Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical History** (X if applies)

\_\_\_\_ Asthma      \_\_\_\_ Diabetes      \_\_\_\_ Epilepsy      \_\_\_\_ Fainting Spells

\_\_\_\_ Heart Problems      \_\_\_\_ Hemophilia      \_\_\_\_ High Blood Pressure

\_\_\_\_ Hypoglycemia      \_\_\_\_ Migraine Headaches      \_\_\_\_ Other (explain) \_\_\_\_\_

\_\_\_\_ Allergies (to what; insects, food, medications, etc.) \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Prescription and Medications: (include reason for taking)

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

Any other physical, medical, emotional or family problems the camp nurse or volunteer workers needs to be aware of:

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