



**STUDENT MEDICAL INFORMATION**  
**JFK SWISS OUTDOOR CAMP**

**Please print or type clearly.**

1. **Name of Student:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

2. Please give any medical information that is relevant to your child's full participation in the camp program:

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3. Phone numbers / Email address to contact in case of emergency (parents/home, etc.):

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4. Indicate **previous illnesses of child** with approximate dates (*day/month/year*):

Measles_____	Mumps_____	Chicken Pox_____
H1N1 Flu_____	Rheumatic Fever_____	Tonsillitis_____
Bronchitis_____	Appendicitis_____	Asthma_____
Diabetes_____	Epilepsy_____	

Other: \_\_\_\_\_

5. **Allergies and Sensitivities:** (Please check and explain below.)

Insect Bites  Medication  \_\_\_\_\_

Hayfever

Other: \_\_\_\_\_

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6. Has your child been under prolonged medical or psychological care at any time?  
If so, please specify.

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7. Does your child require any **regular medication or other special measures** to be taken with regards to health?

Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **A. Vaccinations:** Please give exact dates (*day/month/year*).

Vaccine	Date Given	Date Due	Vaccine	Date Given	Date Due
Polio-Salk			Rubella		
Polio-Sabin			Mumps		
DTP			Tetanus		
Measles			H1N1		

9. Has the above-named child suffered from any illnesses or accidents or developed any allergies lately? Please explain.

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

10. *For Day Students only:* Health Insurance's Company: \_\_\_\_\_

11. *For Day Students only:* Policy Number: \_\_\_\_\_

**Please provide the camp with a copy of the medical insurance card which covers your child/children of all medical and accidents during their summer camp.**

12. Private doctor's name, address and phone number:

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

13. Should my child be injured or become ill while attending the JFK Swiss Outdoor Camp, I expect the camp's authorities to see that he/she is attended to by qualified medical or dental practitioners, and I authorise the JFK Swiss Outdoor Camp to act on my behalf in arranging whatever treatment appears necessary:

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

14. Does your child have any additional medical needs which the camp should be aware of, if so please give details below and provide additional information separately.

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

Name of Parents: \_\_\_\_\_

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

