

PEORIA AREA CIVIC CHORALE'S
11th ANNUAL SUMMER CHORAL CAMP
June 13-19, 2010
MEDICAL HEALTH CARD

(Must be sent with camp application or brought to registration on June 13, 2010)

Camper's Name _____
Date of Birth: _____ Age ____ Sex____

We would like to have the information requested below on file in the Summer Choral Camp Office.

PART I

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES:

Food, medicines, insects, plants: Yes [] No []

Explain: _____

GENERAL INFORMATION:

	Yes	No		Yes	No
Asthma	[]	[]	Diabetes	[]	[]
Cancer/leukemia	[]	[]	Heart trouble	[]	[]
Convulsions/seizures	[]	[]	Hemophilia	[]	[]
High Blood Pressure	[]	[]	Kidney disease/stones	[]	[]

Explain: _____

List any behavior disorders such as ADD or ADHD. This knowledge allows our staff to change teaching approaches to incorporate your child better: _____

List any physical or behavioral conditions that may affect or limit full participation in outdoor physical games. _____

List any medication to be taken at camp and what they are for. Include such drugs as antidepressants and Ritalin: _____

PART II

I authorize the Doctors at Eureka Hospital to proceed with emergency medical treatments, x-rays, anesthesia, surgical operations, etc. in the case of an accident or health emergency involving my child, know that summer camp personnel will contact the parents or designated persons as soon as possible. I further understand that all necessary treatment shall be at my expense.

Signature of Parent/Guardian _____

Date _____

Person or persons to be contacted during the period the camper is at Eureka Hospital in case of emergency (please print).

Name #1 _____ Relationship _____

Day Telephone () _____
Cell Telephone () _____

Name #2 _____ Relationship _____

Day Telephone () _____
Cell Telephone () _____

PART III: Medical Insurance Information

This section must be completed even if you give your camper a medical/insurance card.

Camper's Name _____ Address _____

City _____ State _____ Zip _____ Telephone () _____

Insurer _____

Address of Insurer _____

City _____ State _____ Zip _____ Telephone () _____

Certificate Number _____

Named of Insured _____ Group Number _____

PLEASE SEND THIS MEDICAL CARD WITH YOUR APPLICATION TO:

Dr. Joseph D. Henry
Summer Choral Camp Director
Eureka College
Eureka, IL 61530