

PEORIA AREA CIVIC CHORALE'S  
12<sup>th</sup> ANNUAL SUMMER CHORAL CAMP  
June 12-18, 2011  
MEDICAL HEALTH CARD

(Must be sent with camp application or brought to registration on June 12, 2011)

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 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/seizures <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease/stones <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:  
PACC SUMMER CHORAL CAMP  
C/O Dr. Joseph D. Henry, Music Department, Eureka College, 300 E. College Ave, Eureka, IL 61530

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