

NorCal Fire Girls Camp Health/Medical Insurance Questionnaire

Please fill out, scan and email this form to: girlsfirecamp@santaclaraca.gov by **April 15th**

(PLEASE PRINT)

Name _____

Address _____

Parent/Legal Guardian _____

Phone Number _____

Emergency Contact (relationship to you) & phone number

I understand and agree that I am responsible for all medical care expenses incurred to treat any injuries if they occur including, without limitation, physician, hospital, lab, drug and device expenses. The policies or coverage indicated in this Health/Insurance Questionnaire are available to cover the cost of medical care to treat any injury incurred by myself.

Health/accident insurance company _____

Policy number _____

Physician's Name: _____

Address _____

Phone number _____

All the above information is complete and accurate to the best of my knowledge.

Signature _____ Date _____

Parent/Guardian Signature _____

Date _____

NorCal Fire Girls Camp Health/Medical Insurance Questionnaire (to be filled out by parent/guardian)

Name _____ Birthdate _____ Age _____
Address _____ Phone # _____
Parent/Guardian _____ Phone# _____
Family Physician _____ Phone# _____

Has the camper ever experienced or subject to:

- yes no
1. Taking any medications? If so, please name and give reason for taking:

 2. Allergies to any medications (aspirin, penicillin, etc.)?
 3. Allergies to any foods or insects?
 4. Diabetes? (If so... Insulin dependent? Yes__ No__; or Oral medications? Yes__ No__)
 5. Hypoglycemia?
 6. Asthma? (If so... do you use an inhaler? Yes ___ No ___)
 7. Any Heart problems?
 8. Hospitalized for anything?
 9. Chronic or recurrent illness?
 10. An illness lasting more than a week?
 11. Blood pressure problems?
 12. Dizziness, fainting, convulsions, or frequent headaches?
 13. "Passing out" or ever been "knocked out"?
 14. A knee injury?
 15. Knee surgery?
 16. Ankle surgery?
 17. A neck or back injury?
 18. Joint sprains or dislocations, muscle strains or broken bones?
 19. Heat exhaustion or heat stroke?
 20. Menstrual problems?
 21. Bleeding problems?
 22. Smoking?
 23. Drug problems?
 24. Claustrophobia?
 25. Is there any physical activity that this camper cannot do?
 26. Does this camper have any condition that may require special care, medication, restriction of activity, or diet?

If you have answered yes to any of the above questions, please explain: _____

Parental/Guardian Permission: I give my permission for the above named camper to participate in the NorCal Fire Girls Camp I understand that this camp is strenuous and physically demanding, and authorize the NorCal Fire Girls Camp Staff to obtain emergency medical care for the above named camper should it be necessary.

Parent/Guardian: _____ Date: _____