



# WHISPERING WINDS

CATHOLIC CONFERENCE CENTER

## Medical History and Release Form for Minors

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
First Middle Last

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_  
Optional

Second Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_  
Optional

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_  
Optional

**Please be aware of my child's physical condition:**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Heart condition               | Please Explain _____<br>_____<br>_____ |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Eye, Ear, Nose, Throat issues |  |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other                         |  |
| <input type="checkbox"/> Epilepsy |  |  |

**Allergies:**

- |  |                                      |                   |
|--|--------------------------------------|-------------------|
| <input type="checkbox"/> Hay Fever             | <input type="checkbox"/> Penicillin  | Please List _____ |
| <input type="checkbox"/> Poison Oak/Ivy        | <input type="checkbox"/> Other Drugs |                   |
| <input type="checkbox"/> Bees                  | <input type="checkbox"/> Peanuts     | Please List _____ |
| <input type="checkbox"/> Other insects/animals | <input type="checkbox"/> Other Food  |                   |

**My Child has the following Medical Concerns / Limitations:**

- |  |   |
|--|---|
| <input type="checkbox"/> Chronic Illness / Injury: _____ | <input type="checkbox"/> Other concerns: _____      |
| <input type="checkbox"/> Activity Restrictions: _____    | <input type="checkbox"/> Current Medications: _____ |
| <input type="checkbox"/> Dietary Restrictions: _____     |   |

**My child may be given over the counter medications (Tylenol, Advil, Benadryl, etc):**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Please contact me first! | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Other suggestions, documents or health-related information for camp personnel: \_\_\_\_\_

Additional document(s) attached? \_\_\_\_\_  
Check if yes

**Immunization History: Please give date of last immunization or attach a copy of the record.**

Diphtheria, Tetanus, Pertusis (DPT) _____	Polio _____	Flu _____
Haemophilus Influenzae type b (Hib) _____	Hepatitis A _____	Meningococcal _____
Measles, Mumps, Rubella (MMR) _____	Hepatitis B _____	Varicella _____
Pneumococcal _____	Chicken Pox _____	

Name of Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Family Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Authorization:**

*This health history is correct to the best of my knowledge. My child has permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by the camp administration to order X-Rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child if I cannot be reached in an emergency. I give permission to the health professional selected by the camp administration to secure and administer treatment for my child, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes.*

*I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance. I agree to pick up my child at anytime from camp if asked to by camp administration.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_