

Medical Information Presentation Sisters Leadership Camp 2018



Sisters of the Presentation
of the Blessed Virgin Mary

In Joyful Service

www.presentationisters.org

Name of Camper _____

Medical Insurance Information

Name of Medical Insurance Company: _____

Circle what applies: Plan Policy Group ID Number (s)

Please list number(s): _____

Phone number for Insurance Company Pre-Authorization: _____

Medication Information

List any medication your child is taking:

Name of Medication	Dosage/Directions
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_____	_____
_____	_____

Physician's Name and Phone Number: _____

Parent or Guardian Name: _____

Home Phone Number: _____ Work Phone Number: _____

If unavailable at above phone numbers, please contact:

Name: _____ Phone Number: _____

Health Information

Please check all that apply:

Diabetes: _____ Heart Disease: _____

Seizures/Epilepsy: _____ Medic Alert ID: _____

Diet Restrictions: _____ Allergies: _____

Asthma/Respiratory Problems: _____

Other Medical Conditions(s) (please specify): _____

If you have checked any of the above, please explain below:

