



C- 5 Summer Resident Camp Medical Information

This page must be filled out completely for all campers!

Please note: There are very few times a year when students are hurt or get sick requiring hospital attention or care by a physician while attending Mohican School, but when it is necessary we must have the proper permission to do so. **We will take this form with us** when we visit the hospital or physician. Our insurance is with Hartford Life and Accident Insurance Company and handled by Dawson Insurance, Inc., policy #33-CH-161288. The insurance policy covers reasonable expenses due to injury incurred by the insured person, in excess of the deductible amount, for medical care up to the \$5,000 limits of the policy. The coverage has a \$100.00 deductible.

Medical care means the necessary medical or surgical treatment, services and supplies; hospital, nursing and ambulance services.

In case of accident or sickness I give my consent for a physician chosen by the outdoor school staff to treat my child as he or she deems necessary. I assume that every reasonable effort will be made to reach me in case of serious illness or accident. It is best if the student's family medical coverage is used but the Mohican coverage is available if needed or desired.

If my child does require hospital or physician's care (check one – choice):

(1) I will use Mohican School's insurance and pay the deductible portion of the cost. Send the bill to me.

Name _____

Address _____

City _____ State _____ Zip Code _____

(2) I will not use Mohican School's insurance. Please use my present health insurance company.

Certificate # _____ Group # _____

Subscriber's Name _____

Employer's Name _____

Code # _____ BS Code # _____

Other Insurance Name _____

Policy # _____ Group # _____

Does your child have any problems with the following:

	Y	N		Y	N		Y	N		Y	N		Y	N
Bed Wetting			Asthma			Serious Insect Stings			Convulsions			Penicillin		
Sleep Walking			Hay Fever			Serious Poison Ivy			Diabetes			Other		

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In case your child needs the following but did not bring from home, Mohican School has available in pill form (no liquids) the following medications:

Please answer YES or NO for each question.

Does your child have permission to take acetaminophen for a headache/sore throat?		Y / N
Does your child have permission to take acetaminophen for an abnormal temperature?		Y / N
Does your daughter have permission to take acetaminophen for menstrual cramps?	NA	Y / N
Does your child have permission to take cough drops for a sore throat or cough?		Y / N
Does your child have permission to use insect repellent?		Y / N
Does your child have permission to use sunscreen?		Y / N

Date of last tetanus shot ____/____/____

A phone call will be made to parent(s) or guardian(s) if there is any other advice needed for care not specifically mentioned above.

Has your child been under a physician's care recently? Yes ___ No ___. If yes, please explain:

Please list anything about your child's health which would pertain to his/her welfare or activity while at the outdoor school not mentioned anywhere else.

Please write below as many DIFFERENT TELEPHONE NUMBERS as possible where you or a friend or relative can be reached in the event of any emergency. Two different day numbers are important in case there is not answer at the first number we try.

Parents: Calls may be made collect. Persons listed below should know to accept collect calls! Cell phones cannot accept collect calls!

Name	Relationship to Camper	Day Phones	Night Phones