



**McCallie Summer Boarding Camp Health Report (Page 1)  
To be filled out by Parent/Guardian**

Camp: \_\_\_\_\_ Session: \_\_\_\_\_

Camper's Name: \_\_\_\_\_  
Last Name First Name Preferred Name MI

Camper's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age During Camp: \_\_\_\_\_

**INSURANCE INFORMATION**

Policyholder: \_\_\_\_\_ Policyholder DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name: \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

City State ZIP Cell Number: (\_\_\_\_) \_\_\_\_\_

**\*Primary phone number where parent(s) can be reached during camp session:** \_\_\_\_\_

**Emergency contact (other than parent) name and phone number(s):** \_\_\_\_\_

Parent/Guardian, please list all medications that will be taken during camp (NOTE: physician will have to fill out the back of this form for ALL prescription medications taken during camp, i.e. ADD/ADHD medications, inhalers, Epi-Pen, etc. The Student Health Center has OTC medications.)

**ALLERGIES:** \_\_\_\_\_

(List any/all medications, food, insect bites, environmental, etc.)

Are there any emotional factors we should know about? \_\_\_\_\_

I/We hereby give The McCallie School permission to administer and/or secure medical care for my child as necessary. I/We understand that such care may include, but is not limited to, procedures for diagnosis, medical treatment, minor surgical treatment, emergency surgery, including anesthesia, dental/orthodontic surgery or procedures, etc. I/We agree to be responsible for all hospital, physician, medication, and other treatment costs incurred as a result of my child's participation in McCallie Sports Camp. I/We acknowledge that even with coaching, use of equipment, and observance of rules, injuries remain a possibility. I/We hereby give The McCallie School Student Health Center permission to administer over-the-counter medications as deemed necessary for summer camp (i.e. for headaches, poison ivy, sunburn, etc.). Note: Aspirin is not stocked in the Student Health Center.

**\*\*Parent/Guardian:** \_\_\_\_\_ Date: \_\_\_\_\_

(Signature required)



**McCallie Summer Boarding Camp Health Report (Page 2)  
To be filled out by Physician**

Camper's Name: \_\_\_\_\_  
Last Name First Name MI

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_  
(Medications, food, insect bites, environment, etc.)

List pertinent medical history, conditions, surgeries, serious injuries, broken bones, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any physical, medical, or emotional conditions that we need to be aware of, especially those that would hinder competition in athletics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach your camper's most recent immunization records.**

### MEDICATIONS

**Physician:** List ALL medications that the camper will be taking while at camp and how to be given, i.e. "Adderall 10 mg po 1 AM/ 1 PM - PM dose prn". Please note if a medicine or a specific dosage is prn. (Please include any ADD/ADHD, antibiotics, inhalers, etc. - The Student Health Center has OTC medications). \*\*\*NOTE: ALL PRESCRIPTION medications will be kept in the McCallie Student Health Center.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Physician's Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Scan and email this form to the McCallie Summer Camp Office at [nkeane@mccallie.org](mailto:nkeane@mccallie.org).

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McCallie Student Health Center Office: (423) 493-5640

Please insert a copy of your child's health insurance card.

*(Front of Card)*



*(Back of Card)*

