

**MISSISSIPPI LIONS
BOYS LEADERSHIP CONFERENCE
CAMP HEALTH FORM**

This form must be completed and brought to camp. (Give to registrar at time of registration.)

Name _____ Age _____

Home Address _____ City _____ Zip _____

Home Phone _____ School Grade _____

Notify in case of emergency _____

1. What immunizations have you had? (Such as smallpox, measles, tetanus, whooping cough, etc., give dates, if possible) _____

2. Are you allergic to any medication? (such as penicillin, etc.) or insect bites or any particular foods?

3. Are you taking any medication at present? _____

4. Have you had any recent surgery? ____ If yes, explain, including when it occurred _____

5. Do you have any physical limitations which would prevent full participation in all conference activities? _____

6. Are you diabetic? _____ If so, what type? _____ Are you taking insulin? _____
7. If covered by health insurance, provide name of insurance company and policy number

In case of surgical emergency, I hereby give permission to the physician selected by the Conference Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the above named child.

Parent's signature _____ Date _____