



WILD ROSE SUMMER CAMP

*Wild Rose Summer Camp*  
P.O. Box 83271  
Fairbanks, AK, 99708  
(907) 479-6363

### Medical History Wild Rose Program Participants

Name \_\_\_\_\_ Session \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cells \_\_\_\_\_

Emergency contacts(2): Include name, home, work and cell phone numbers, place of work, and relationship to participant.

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

Name of Physician \_\_\_\_\_

Telephone \_\_\_\_\_ Clinic \_\_\_\_\_

Please check conditions that the participant currently has or has had in the past:

Chicken Pox \_\_\_\_\_  
Measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
Strep Throat \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_

Asthma \_\_\_\_\_  
Convulsions \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Ear Infections \_\_\_\_\_  
Hay Fever \_\_\_\_\_  
Other \_\_\_\_\_

Allergies to the following:  
Penicillin \_\_\_\_\_  
Bee Sting \_\_\_\_\_  
Insect Bites \_\_\_\_\_  
Nuts \_\_\_\_\_  
Other \_\_\_\_\_