

Camp Kydnie

A special camp for kids with kidney disease

Staff Medical History Form

Name: _____

Date of Birth: _____

Person to contact in the event of an emergency: _____

Emergency contact phone information: _____

Date of most recent tetanus shot: _____

Please list any diagnoses or conditions that the medical staff should be aware of in the event of an emergency: _____

Current Medications:

Drug Name	Dose	How Taken	How often and when
Example: Enalapril	5mg – 1 tablet	By mouth	Twice daily at breakfast and bedtime

Dietary Restrictions: _____

Allergies & reaction: _____

Physician's name: _____

Office phone#: _____

You must attach a copy of the front and back of your insurance card to this form.