

# Central Indiana Young Marines

## 2015 Annual Encampment Medical Form

Young Marine Last Name		Young Marine First Name		Young Marine Middle Initial	
Age		Date of Birth		Social Security Number	
Home Street Address					
City		State		Zip Code	
Parent/Guardian, Primary Emergency Contact Name				Relationship	
				<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Home Street Address					
City		State		Zip Code	
Home Phone Number		Cell Phone Number		Work Number	
Alternate Emergency Contact #1 Name				Relationship	
Home Street Address					
City		State		Zip Code	
Home Phone Number		Cell Phone Number		Work Number	
Alternate Emergency Contact #2 Name				Relationship	
Home Street Address					
City		State		Zip Code	
Home Phone Number		Cell Phone Number		Work Number	
Medical Insurance Information <i>(Please attach a copy of the front and back of the insurance card)</i>					
Insurance Company Name		Policy Number		Telephone Number	
Family Physician's Name		Preferred Hospital		Physician Telephone Number	
Authorization for Medical Treatment					
<b>PART I: Medical Consent</b> I certify that I am the parent, legal guardian, or other person in legal control of the above identified child and request and authorize that my child be administered appropriate first aid and/or taken to the nearest medical facility for emergency treatment as necessary. <b>This permission is valid until revoked.</b>					
<b>PART II: Permission to Use Over-the-Counter Medication</b> <i>(If not completed, Young Marines will not receive medication)</i> My child has my permission to take any over-the-counter medications in accordance with label instructions as needed while attending Young Marine Activities, <i>with the exception of the following.</i> <b>This permission is valid until revoked.</b> The child is <b>NOT</b> to take:					
<b>PART III: Permission to Dispense Prescription Medication</b> <i>(If not completed, Young Marines will not receive medication)</i> I request and authorize that my child be administered the following prescription medication (s) per the medical doctor's instructions on the original and un-expired pharmacy label. I certify that my child has a valid health reason for taking the medication during the Young Marine Activities. <b>This permission is valid until revoked.</b>					
Medication Name		Taken for (condition)?		Dose/Strength/Form	
<b>Allergies:</b>					
All medications <b>MUST</b> be delivered to the campground with the child, in the original packaging, together in one container (ex – plastic food storage container), clearly marked with the child's name.					
Are there any restrictions or accommodations needed for the following activities?					
Activity		Restrictions?		Remarks (required for "Yes" Answers)	
Competitive Sports		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Physical Training		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Swimming		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Classroom		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify to the above to be complete, correct, and true to the best of my knowledge.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 2015 Annual Encampment Medical Form

[illegible]

Sick Bay Log			
Date	Time In	Time Out	MO Signature
Complaint:			
Treatment:			
Notes:			
Date	Time In	Time Out	MO Signature
Complaint:			
Treatment:			
Notes:			
Date	Time In	Time Out	MO Signature
Complaint:			
Treatment:			
Notes:			
Date	Time In	Time Out	MO Signature
Complaint:			
Treatment:			
Notes:			
Date	Time In	Time Out	MO Signature
Complaint:			
Treatment:			
Notes:			

Notes:

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Medical Officer Signature: \_\_\_\_\_

Medical Officer Printed: \_\_\_\_\_ Date: \_\_\_\_\_