

**GENERAL MEDICAL INFORMATION FOR WAHUNSENAKAH LODGE ORDER OF THE ARROW CAMPING EVENTS**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Unit leader \_\_\_\_\_ Unit No. \_\_\_\_\_

Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**In case of Emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Alternate \_\_\_\_\_

**ALLERGIES:** Medication? \_\_\_\_\_

Food, Other? \_\_\_\_\_

**Date of Last Tetanus Vaccine** \_\_\_\_\_

**MEDICAL HISTORY:**

Please list any medical issues for which you may take a prescription medication or any condition which would be important for the Medical Staff to be aware of during your stay at camp (to include, but not limited to Asthma, Diabetes, High Blood Pressure, Heart Disease, Emphysema, Bleeding disorder, Psychological Disorder, ADHD, Thyroid disease, Kidney disease, Seizures, GI problems, Recent Surgery or Recent Illness.) If NONE, then please state so.

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

Current Medications: If NONE, then please state so.

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Reason for Medication</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For OA members under the age of 18, the form is to be dated and signed by Parent or Guardian