



## 2017 SUMMER CAMP MEDICAL FORM

The completion of this form is a prerequisite for registration and participation in any 317 Main Summer Camp. Please answer ALL questions, sign and return this form (hard copy) to:  
Registrar, 317 Main, 317 Main Street, Yarmouth, ME 04096.

Student Name (Please Print): \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently under a physician's care or taking any prescription medication(s)? [ ] YES [ ] NO  
If YES, list name of condition(s)/prescription(s):

Are you allergic to any medication(s)? [ ] YES [ ] NO  
If YES, please list:

Please note any physical conditions you have that may require medical attention (allergies, diabetes, seizures, contact lenses, etc.):

INSURANCE INFORMATION (please include copy of card):

Name of Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Custodial Parent/Legal Guardian (required): \_\_\_\_\_ Date: \_\_\_\_\_