CAMPER
MEDICAL HISTORY RECORD Date: _____

FIRST NAME

Name: _____ ◊ Male ◊ Female

Soc. Sec. #: _____ Date of Birth: _____

Address: _____ City:_____ State: _____ Zip: _____

Tel. #:(_____)_____

LAST NAME

EMERGENCY CONTACT INFORMATION

1.) Person to contact in case of emergency:_____
Relationship of emergency contact :_____
Emergency contact phone number:(_____)_____ Work #:(_____)_____

2.) Person to contact in case of emergency:_____
Relationship of emergency contact :_____
Emergency contact phone number:(_____)_____ Work #:(_____)_____

3.) Person to contact in case of emergency:_____
Relationship of emergency contact :_____
Emergency contact phone number:(_____)_____ Work #:(_____)_____

MEDICATIONS	MEDICATION ALLERGIES	PAST MEDICAL HISTORY
	FOOD ALLERGIES	

SPECIAL INSTRUCTIONS / COMMENTS :

CONSENT TO TREATMENT

Authorization is hereby given to Six Flags Great Adventure First Aid Staff, their contracted EMS vendor, and the receiving hospital to provide necessary medical treatment in the event of an emergency for my child,_____
Six Flags will transport the child to the closest, most appropriate hospital based on the injury and/or illness.

_____ _____
Signature of Parent/Guradian Date