Camp Mak-A-Dream
General Medical Information - 2026

Please complete this form with as much information as possible.

Your First & Last Name: _____

The immunization information requested below helps Camp respond appropriately in the event of exposure to communicable illnesses. While we strongly encourage all community members be up to date on vaccinations, Camp may not require vaccination as a condition to participate (per Montana House Bill 702). Participants who choose not to provide this information, or those participants afflicted by an illness at Camp, will be subject to additional enhanced protective measures (in accordance with public health guidelines) if an exposure occurs.

Are your routine immunizations up to date? Yes ☐ No ☐ (up to date means age-appropriate vaccinations including MMR, DTaP or Tdap, Varicella or titer test and TB)
Are your seasonal immunizations up to date? Yes ☐ No ☐ (including flu and Covid 19)

Have you had or do you currently have any of the following conditions? If yes, please mark which ones and use the space provided below to elaborate.

☐	Asthma
☐	COPD/Emphysema
☐	Pulmonary Embolism
☐	Deep Vein Thrombosis
☐	Stroke/CVA
☐	Cardiac Arrhythmia
☐	Cardiac Arrest
☐	Anemia
☐	Artificial heart valve
☐	Hypertension
☐	Low Blood Pressure
☐	POTS
☐	Epilepsy
☐	Narcolepsy
☐	Anxiety

☐	Depression
☐	Migraines
☐	Seizures
☐	Syncopal episodes
☐	Diabetes Type 1
☐	Diabetes Type 2
☐	Hypoglycemia
☐	Arthritis
☐	GI bleeds
☐	Kidney Disease
☐	Liver Disease
☐	Heart Disease
☐	Gout
☐	Sleep Apnea
☐	Vision Impairment

☐	Hearing Impairment
☐	Tuberculosis
☐	HIV/AIDS
☐	Hep C
☐	MRSA
☐	Other blood borne pathogen/infectious disease: Specify:
☐	Oncological condition: Specify:
☐	Other Condition Not Listed: Specify:

Camp Activities typically include things such as walking, lifting, sports & rec activities, adventure course, swimming, etc.

Please describe any current or past medical conditions or physical restrictions that may require you to need assistance with camp activities:
_____
_____

Please describe any current mental health issues that may require you to need assistance with camp activities:
_____
_____

Allergies (general/environmental, food, medications: prescription and over-the-counter): _____
_____

Are you at risk of anaphylaxis due to the allergy? Yes ☐ No ☐
If anaphylaxis, are you bringing an epi-pen? Yes ☐ No ☐

Name and contact information for physician treating you for condition(s) listed above: _____
_____

List any medications taken regularly (including over the counter): _____
_____

Do you have medical insurance? Yes ☐ No ☐ If yes, insurance company's name: _____
Policy number: _____
Policy holder's name (if other than your own): _____
Group number (if applicable): _____

Prescription Drug Plan information: _____
Policy number: _____
Phone number: _____

X _____ _____
Signature Date

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