

ELK CREEK RANCH - HEALTH RECORD  
 PO Box 1476, Cody, WY 82414 | 307.587.3902 | www.elkcreekranch.com

**Please attach a copy of your insurance card.**

Rancher's Name	Date of Birth
Address	
Parent or Guardian	Telephone
Work Address	Telephone
Family Physician	Telephone
Address	
Name of individual who may take responsibility in the absence of parents who cannot be reached:	
Address	
Relationship to rancher	Telephone

Please indicate any diseases which this rancher has had and his/her age at the time

	Age		Age		Age
Alcohol or drugs		German Measles		Poliomyelitis	
Asthma		Jaundice		Rheumatic Fever	
Bronchitis		Measles		Scarlet Fever	
Chicken Pox		Migraine		Tonsillitis	
Convulsions		Mononucleosis		Tuberculosis	
Depression		Mumps		Typhoid Fever	
Diabetes		Pneumonia		Whooping Cough	
Epilepsy		Other		Other	

Please describe any complications
Other illnesses or congenital defects?
Operations or injuries?

If you son /daughter has now or has had within 5 years any of the following, please describe below:

Recent change of weight
Insomnia
Fatigue, nervousness

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Prolonged Fever
Dizziness, unconsciousness, headaches
Impairment of sight, hearing, speech
Chronic cough or coughing up blood
Contact with tuberculosis
Allergies to penicillin or other drugs
Recurring abdominal pain, diarrhea
Albumin, sugar or blood in urine
Muscle, joint or back pain
Benign or malignant growth tumor
Allergies (Hay fever, food, bees or other)

Additional remarks

Age at onset of menses	Cramps?
Regularity?	Excessive Flow?
Vaginal Discharge?	Birth Control?

Is he/she taking any medication now?
Does he/she have any defects that should cause his/her activities to be limited?
Has the rancher had any difficulties in his/her social adjustment or emotional conflicts? Please Explain.

We would appreciate any additional information which might be helpful to us in meeting the needs of your child. Please attach additional pages with any additional information that you think might be helpful.

### Medical Release Form

In the event of a medical emergency I \_\_\_\_\_, parent of \_\_\_\_\_  
give my permission to obtain such diagnostic, therapeutic, and operative procedures as may deemed necessary for my son/daughter  
with the understanding that no operation will be performed, except in extreme emergency, without a reasonable effort on the part of Elk  
Creek Ranch to contact the responsible parent or guardian.

Persons treating my child should be aware of the following medic alert or conditions for treatment:
(Please list above any condition, allergy, treatment or medications which may affect his/her condition or treatment)

The camper is presently taking the following medications under doctor's orders:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Physician' s Physical Examination

Eyes:	Vision:	Glasses:	
Ears:	Hearing:		
Nose & Throat:	Tonsils:		
Teeth:	Need of Attention:		
Prosthetic Dental Appliances:			
Frame: (light, medium, heavy)			
Height:	Weight:		
Cardiovascular System	Heart:	BP:	Pulse:
Respiratory System	Tuberculin Test:		Chest X-Ray:
Skin and Lymphatics:			
Endocrine System:			
Bones, Joints, Muscles, Spine:			Feet:
Abdominal Viscera:			
Hernia:		Hemorrhoids:	
Genito-Urinary System:			
Nervous System (summarize as to shyness, excitability, sensitivity, etc):			
Has the child at any time had psychiatric help or psychological counseling?			
If so, for how long and for what reasons?			
Urinalysis-Sp Gr:	Alb:	Sugar:	Reaction Hgb:
Remarks on defects not sufficiently described:			

List all medications that the patient is taking at present: (Allergy injections, etc.)
Ability to participate in all forms of athletics:
Any form of athletics forbidden:

### Vaccinations

Small Pox Vaccination - Date:	Polio Vaccine - Date:
Tetanus Toxoid Primary Booster - Date:	Tetanus Toxoid Recent Booster - Date:
Measles Vaccination - Date:	Mumps Vaccination - Date:
Ruebella Vaccination - Date:	

\*We request that every rancher be up to date on all immunizations.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_