

## Health Record for Camp Participation

**Camper's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Second Parent** \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Family Physician** \_\_\_\_\_  
Phone \_\_\_\_\_

**Dentist** \_\_\_\_\_  
Phone \_\_\_\_\_

**Health Insurance**  
Is camper covered by family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Carrier \_\_\_\_\_ Policy or group # \_\_\_\_\_

### Participation Requests or Limitations

Please indicate any pertinent information or requests regarding medical conditions which may limit or alter participation. Information regarding medications can be found on following pages.

Activity restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical treatments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Authorization

I hereby give my permission to the personnel selected by the camp director to order routine treatment for my child, and in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.

