

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.

Signature of parent/guardian _____ Date _____

