

## CAMP MEDICAL INFORMATION

Camper's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (business)

Parent or Guardian \_\_\_\_\_ (Please Print)

If not available, in case of an emergency, please notify:

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

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (business)

### CAMPER INFORMATION

Date of Birth: \_\_\_\_\_ Medicare: \_\_\_\_\_ Expiry: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any Disabilities or Recurring Illness? \_\_\_\_\_

Any Character Traits (ex: extreme shyness, temper tantrums, bed-wetting, etc...) which may assist us in ensuring your child has a fun and comfortable week at camp?  
\_\_\_\_\_

Has the camper stayed away from home or family before? \_\_\_\_\_

Are there any restrictions placed on the camper as to camp activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

To my knowledge, this information is correct and the camper listed above has permission to engage in all camp activities except as noted. I hereby give permission to the camp:

1. To provide ongoing health care.
2. To select medical personnel and to order x-rays or routine tests or treatment for the camper listed above.

**EMERGENCY AUTHORIZATION:** In the event 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 injection and/or anesthesia and/or surgery for the camper listed above. This form may be photocopied for use out of camp.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree to abide with the restrictions placed on my camp activities.

Signature of Camper: \_\_\_\_\_