

Camper Emergency Health Form and Proof of Insurance

Camper's Name: _____

Date of Birth: _____ Age: _____ Sex: ___(M)___(F) Grade: _____

Address: _____ Telephone #: _____

Pager/Cell Phone #: _____ E-mail address: _____

Mother/Guardian's Name: _____ Work Telephone: _____

Father/Guardian's Name: _____ Work Telephone: _____

IN CASE OF ILLNESS/ACCIDENT CONTACT: _____

Camper's Physician: _____ Telephone: _____

Camper's Dentist: _____ Telephone: _____

Medical Insurance Co.: _____

Subscriber's Name: _____ Relationship to Subscriber: _____

Policy #: _____ Group #: _____

Please list friends or relatives who would be willing to assume temporary care of your child if you cannot be reached:

_____ Telephone: _____

_____ Telephone: _____

_____ Telephone: _____

COMPLETE AND SIGN THE OTHER SIDE OF THIS PAPER

Please indicate if the camper has any of the following:

	Yes	No	Explain if Yes
Bee Sting Reaction			
Asthma			
Diabetes			
Allergies			
Medication allergies			
Seizure Disorder			
Orthopedic problem			
Other			

Date of last Tetanus immunization: _____

Is the Camper on ANY daily medications at home or during the day () Yes () No

Medication: _____ Dose: _____ Time taken: _____

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Medication: _____ Dose: _____ Time taken: _____

*If applicable: I give Camp 603 staff permission to hold and administer medication(s) listed above to my child. In addition, I will submit medical directions and communicate directly with Camp 603 staff about my child's medical needs. Signature: _____

I hereby request and give permission for a designated member of the Camp 603 staff to administer basic first aid including the administration of the following over the counter medication, according to manufacturer's instructions.

PLEASE CHECK OFF medications that this permission applies to:

____ Acetaminophen (Tylenol) ____ Ibuprofen (Advil) ____ Caladryl Clear ____ Aloe Gel

____ Diphenhydramine (Benadryl) ____ Bacitracin/Neosporin ____ Cough Drops

I release said person from any adverse effects from the medication.

Signature: _____

Do you know of any reason why this student should not participate in all Camp 603 activities?

Yes ____ No ____ If yes, please indicate what activities _____

I request that Camp 603 call me if my child is seriously injured or becomes ill during the day at camp. In the event of a medical emergency and I cannot be reached, this authorization gives consent for Camp 603 to call the physician listed and to follow his/her instructions or seek emergency medical assistance as needed.

Comments/Exceptions: _____

Signature of Parent/Legal Guardian: _____

Date: _____