

Emergency Contact Information

Camper Name _____

Home Address _____

Physician Name _____

Physician Phone _____

Health Insurance Carrier _____

Insurance Policy/Group No. _____

Parent/Guardian Name _____

Relationship to Camper _____

Home Address _____

Parent/Guardian Cell Phone _____

Emergency Contact 1 Name _____

Relationship to Camper _____

Emergency Contact 1 Phone _____

Emergency Contact 1, 2nd Phone _____

Emergency Contact 2 Name _____

Relationship to Camper _____

Emergency Contact 2 Phone _____

Emergency Contact 2, 2nd Phone _____

Medical Treatment Consent

In case of emergency, if parent or guardian cannot be reached, I hereby grant local Emergency Department to provide urgent medical treatment for my child, including sutures, X-rays, if necessary

Signature of Parent _____

Date _____

Health Form

Please provide the following information **or** a copy of your health care provider's medical form. If you are submitting your health care provider's medical form, you do not need to complete this form.

Name of Child _____

Date of Birth _____

Parent name and phone number during camp _____

Immunizations: complete dates for all required immunizations must be provided. Religious or medical exemptions from these immunizations must be documented by parent or health care professional.

Required immunizations for camp attendance:

Measles (must be given age 1 or older) measles vaccine or combined MMR, 2 doses required

Mumps (mumps vaccine or 1 MMR)

Rubella (rubella vaccine of 1 MMR)

Polio (minimum 3 doses)

Tetanus (DTP, DT, Td, DtaP, 4 doses required, plus a booster of TD if 10 yrs since last dose)

Hepatitis B (Required if birthdate 1992 or later)

Tuberculosis testing or "low risk" assessment

Medication: List medication child will be taking during camp _____

Allergies (food, drugs, insect stings) _____

Date of last complete physical (must be within 24 months) _____

Parent signature _____

Date _____