



PERMISSION FORM

Information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.

PERSONAL INFORMATION

Name _____ Birthdate _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____ Phone _____

(1) Emergency Contact _____ Relationship _____

Home Address _____ Phone _____

(2) Emergency Contact _____ Relationship _____

Home Address _____ Phone _____

Name of Physician _____ Phone _____

Name of Dentist/Orthodontist _____ Phone _____

Medical/Hospital Insurance Carrier _____ Policy/Group # _____

MEDICAL INFORMATION

Health History:

Ear Infection _____

Convulsions _____

Diabetes _____

Bleeding/Clotting Disorders _____

Heart Defect _____

Hypertension _____

Bedwetting _____

Depression _____

Other _____

Childhood Diseases:

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Mononucleosis _____

Other _____

Physical History: (Give Dates)

Operations or Serious Injuries _____

Chronic or Reoccurring Illness/medical conditions _____

Dietary Restrictions _____

Allergies:

(Check all that apply)

Hay Fever _____

Ivy Poisoning _____

Insect Stings _____

Penicillin _____

Other Drugs _____

Asthma _____

Anaphylactic Kit Y ___ N ___

Other _____

Suggestions on health related information for camp personnel:

Female Only: Has menstruation started? Yes _____ No _____

AUTHORIZATION: The following section MUST be signed for the participant to attend Summer Camp

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization of Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of Parent/Guardian _____

Date _____