

ST. ANNE'S HERO CAMP 2017

MEDICAL INFORMATION AND RELEASE FORM

PLEASE PRINT

CAMPER NAME: _____

BIRTH DATE: _____ AGE: _____ GRADE _____

HOME ADDRESS: _____

FATHER/GUARDIAN NAME: _____ PHONE: _____

MOTHER/GUARDIAN NAME: _____ PHONE: _____

FAMILY EMAIL: _____

EMERGENCY CONTACT DURING CAMP:

NAME: _____ PHONE: _____

RELATIONSHIP: _____

DOCTOR'S NAME: _____ PHONE: _____

DENTIST'S NAME: _____ PHONE: _____

HEALTH INSURANCE COMPANY: _____

GROUP # _____ PLAN # _____

PARENTS OR GUARDIANS SHOULD COMPLETE THE FOLLOWING MEDICAL INFORMATION AND RELEASE:

1. ANY HEALTH PROBLEMS/CONCERNS THE STAFF SHOULD KNOW ABOUT: _____

2. LIST ANY ALLERGIES (INCLUDING BEE STINGS) AND TREATMENTS USED: _____

3. LIST ANY DIETARY OR PHYSICAL RESTRICTIONS: _____

4. LIST ALL MEDICATIONS THE CHILD IS CURRENTLY TAKING, INCLUDING DOSAGE AND

FREQUENCY: _____

I UNDERSTAND THAT WHILE CAMP STAFF MAY SEEK MEDICAL TREATMENT FOR MY CHILD IN THE CASE OF EMERGENCY, CAMP STAFF WILL NOT ADMINISTER MEDICATION. CAMP STAFF RESERVES THE RIGHT TO SEND A CHILD HOME IF HE OR SHE CANNOT COMFORTABLY PARTICIPATE IN ACTIVITIES OR PRESENTS A RISK TO THE HEALTH OR SAFETY OF OTHER CHILDREN.

DATE

PARENT'S OR GUARDIAN'S SIGNATURE

IF SIGNED BY ONLY ONE PARENT/GUARDIAN, THE SIGNER CERTIFIES THAT EITHER (1) HE/SHE HAS SOLE LEGAL CUSTODY OF THE MINOR OR (2) HE/SHE IS AUTHORIZED BY THE MINOR'S OTHER PARENT/GUARDIAN TO SIGN THIS FORM ON BEHALF OF BOTH PARENTS/GUARDIANS.