



CAMPER INFORMATION & MEDICAL AUTHORIZATION FORM

This form must be completed and turned in when you arrive to camp on Monday. Please ensure the information submitted is complete and accurate. One form should be filled out for every camper, including adults.

First Name: _____ Last Name: _____

DOB: _____ SSN: _____ Sex: _____ Age: _____

Grade Last Completed: _____ Home Phone: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

In case of an emergency, please contact:

1. _____
(name) (phone) (relationship)

2. _____
(name) (phone) (relationship)

Will you be taking medicine while at camp? If yes, please complete the following:

1. _____
(medicine, dosage, time of day)

2. _____
(medicine, dosage, time of day)

Please explain if a) you have recently been under a doctor's care for medical reasons, or b) there are any allergies or special health problems of which the medical staff should know about.

Insurance Information:
Name of Insurance
Cardholder's Name
Policy #
Group #

Church Information:
Name of Church
Pastor's Name
Name of Church's Insurance
Policy #
Group #
Address of Ins Company
City, State, Zip

Consent for medical treatment: I give my full permission for my son/daughter/legal ward to attend camp and to take part in all activities. He/She will not attend if he/she has been exposed to a contagious disease, or if he/she is not in good physical condition. I do not hold the camp personnel or sponsor responsible for any accident or illness and, if necessary, authorize the camp personnel or sponsors to take my child to a medical facility. I also give my full consent for the medical facility selected to render professional services to my child if he/she becomes ill or is involved in an accident.

Signed by Parent or Guardian _____

Date _____ Print Name _____