

EMERGENCY CONTACT INFORMATION:

These individuals will be contacted if parents/guardian cannot be reached.

First Emergency Contact _____

Phone: _____

Relationship to Camper: _____

Phone type: _____

Second Emergency Contact _____

Phone: _____

Relationship to Camper: _____

Phone type: _____

Will your camper have health insurance at the time of their camp session? ☐ Yes ☐ No

Health Insurance Co.: _____

Policy/Group #: _____

Primary Insured Name: _____

Primary Insured Date of Birth: _____

Physician's Name: _____

Physician's Phone: _____

Dentist Name: _____

Dentist's Phone: _____

Are all of your campers immunizations up to date? ☐ Yes ☐ Conscientious Objector

Date of last tetanus shot (MM/DD/YY)? _____ / _____ / _____

Does your camper have any medical conditions that require special care?

Has your camper had any surgeries, illness, or injuries we should be aware of?

Does your camper have any allergies we should be aware of?

Does your camper have any dietary restrictions?

Does your camper have any camp activities from which they should be restricted for medical reasons?

Camper Personal and Social Information

We want every camper that comes to have a safe, fun, and enriching experience. We want every camper to feel at home. Is there anything you would like to share with us so we can make sure your camper's experience is spectacular?

Medications from home

Please list all medications from home, prescription or over-the-counter, that your camper will be taking at camp. All medications

must be brought to camp in their original containers, which must be placed in a sealable plastic bag with your camper's name on it.

Medication name:

Purpose

Dosing Instructions