PLEASE BRING THIS FORM WITH YOU TO REGISTRATION

Health Information Form

MUST BE COMPLETED BY PARENT/GUARDIAN

My child is attending: (circle each camp that your child will be attending)

Resident Day Canoe Backpacking Fall Nature Spring WAM

Camper's Name_____
Last First MI

Birthday _____Age_____ Grade Completed_____ Gender- MALE FEMALE

Family Doctor_____Doctor'sPhone_____

Health Ins. Company_____PolicyNumber_____

Are there any health or behavior conditions of which Cedar Lake Camp should be aware? (bedwetting, sleep walking, etc.)

_____

_____

_____

For the health and safety of all, we request that campers with a communicable disease not be sent to camp. We appreciate your cooperation and understanding in this matter of public health.

Date of last Tetanus booster_____Are immunization records up to date? Yes No
Year

Note any specific allergies:_____

Medications taken regularly?_____

Reasons for taking medication_____

All medications must be kept in its original, labeled containers and turned in to the Camp Nurse upon arrival.

IN CASE OF EMERGENCY, I understand every effort will be made to contact a parent or guardian. In the event one cannot be reached, I hereby give permission to the physician selected by the Camp Staff to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child as named above. My signature below also gives permission for the above child to attend camp and to participate in all activities, including those off site.

Name of Parents/Guardians_____

Mailing Address_____

City_____State_____Zip_____

Emergency phone numbers (give two):

(____) _____ (____)_____

_____

PARENT'S OR GUARDIAN'S SIGNATURE DATE