

MEDICAL FORM

Camper's Name:

Transaction Number: _____

Final Roommate Request (Only 1 name allowed) _____

Health and emergency information:

Mother's name _____ Telephone# _____

Father's name _____ Telephone# _____

Cell phones and/or pagers _____

Emergency contact (if parents cannot be reached)

Name and Number _____

Please list any previous injuries and/or special conditions (i.e. allergies, seizures, etc.) that might require medical attention or that you want the camp trainer to be aware of:

Medical Insurance company and policy number _____

I Do or DO NOT (please circle) authorize the camp directors or certified trainer to administer Tylenol or ibuprofen to my daughter, as needed during camp.

PARENT SIGNATURE _____

T-shirt size: Adult S M L XL

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