

Medical Information

Name: _____ Date Of Birth: ____/____/____ Age: _____

Address: _____

Health Conditions:

Allergies:

**Doctor/Physician (Name and Phone
Number):** _____

Serious Illness or Recent Injury/Surgery:

Emergency Contact 1: _____

Phone Number: _____

Relation to Camper: _____

Alternate Phone Number: _____

Emergency Contact 2: _____

Phone Number: _____

Relation to Camper: _____

Alternate Phone Number: _____

Medical Care Release

If emergency medical care is needed for the above listed child and if permission is not available in a timely manner from myself or the above emergency contact, then I authorize appropriate emergency medical care as deemed necessary by emergency medical personnel or facility providing the treatment.

Signature (parent or guardian) _____

