

ALL FUN & GAMES CAMP
Health Record for Camp Participation

Camper's Name _____ Date of Birth _____

Parent/Guardian _____

Home Address _____

Phone 1 _____ Phone 2 _____

Emergency Contact _____

Home Address _____

Phone 1 _____ Phone 2 _____

Family Physician _____

Phone _____

Dentist _____

Phone _____

Health Insurance _____

Is camper covered by family medical/hospital insurance? Yes No

Carrier Policy or group # _____

Participation Requests or Limitations

Please indicate any pertinent information or requests regarding medical conditions which may limit or alter participation.

Activity restrictions:

Dietary restrictions:

Allergies:

Other Medical Concerns:

Emergency Authorization

I hereby give my permission to the personnel selected by the camp director to order routine treatment for my child, and in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.

Signature of parent/guardian _____ Date _____