

# Camper Health Information

All information must be completed for camper to be admitted to camp!

<b>Camper Name:</b>	<b>Event:</b>
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<b>In case of emergency please call parent or emergency contact:</b>	
Parent Name:	Phone:
Emergency Contact:	Phone:

<b>Insurance Information:</b>	
Insurance carrier:	
Policy #	Group #

<b>Doctor Information:</b>	
Doctor's Name:	Doctor's Phone:

<b>Camper History &amp; Information:</b>			
Age (at camp time):	Weight:	Date of last tetanus shot:	
Hepatitis B series Circle one:	Yes No	Does camper carry an epi-pen?	Yes No
Allergies:			
Medications presently taking:			
<p><b>*If your child has been on medicine like Ritalin, Cylert, or Wellbutron during the school year, it is strongly recommended that your child take this medicine while in the structured camp program.</b></p> <p><b>Please note:</b> *All prescription medications to be given to your child must come in the <b>original pharmacy bottle</b> with name of child and medication clearly written.</p>			
I do not want my child to receive the following medicines:			
Medical conditions, behavioral concerns and/or special needs:			
Are there any other special needs or concerns that could help us provide for your camper?			

**Parent authorization:** I certify that this camper is in good health and may participate in ordinary camp activities. I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I hereby give permission for Camp Joy EI to administer over-the-counter medications, in accordance with Joy EI's Health Service policy, by the health care staff. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise. I agree to the release of any records necessary for treatment, referral, billing, or insurance. I am aware that my child may be transported off of camp property for electives or all-camp trips.

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
(Please sign in ink)

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