



## Health & Emergency Form

This form is not part of the staff or acceptance process, but is gathered to assist us in identifying appropriate care. This page is to be filled in by parents/guardians of minors or by adult staff members themselves.

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Business \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact if parent or guardian cannot be reached Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Business \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Note: These phone numbers must be updated if parent or guardian is traveling during camp session**

Dentist / Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Operations or serious injuries \_\_\_\_\_

Chronic / Recurring illness or medical condition \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Current medication (Send with instructions and written authorization to administer the medication signed by the parent(s) or guardian(s))

\_\_\_\_\_

Other diseases \_\_\_\_\_

Do you carry medical/hospital insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES indicate carrier \_\_\_\_\_

Policy or group # \_\_\_\_\_ Carrier address \_\_\_\_\_

Suggestions on health-related information for the camp \_\_\_\_\_

Any other special needs \_\_\_\_\_

**I CONSENT TO HAVE THE ADMINISTRATORS OF CAMP FLIX ACT ON MY BEHALF SHOULD AN EMERGENCY ARISE, AND HEREBY GRANT PERMISSION TO AUTHORIZE MEDICAL ATTENTION RECOMMENDED BY A PHYSICIAN, NURSE, OR HOSPITAL**

Signature (must be signed) \_\_\_\_\_