

Winter Camp It Up! 2017

**MEDICAL INFORMATION FORM & TREATMENT AUTHORIZATION**

PLEASE COMPLETE ONE FORM PER CAMPER.

NAME \_\_\_\_\_ AGE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

WHOM TO CONTACT IN CASE OF AN EMERGENCY:

(Please give us all phone numbers where we can reach you: home, work, cell..)

NAME \_\_\_\_\_ Relationship to Child/Self \_\_\_\_\_ PHONE/S # \_\_\_\_\_

Alternative Contact \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH INSURANCE CARRIER \_\_\_\_\_ Group # \_\_\_\_\_

Member/Child's ID # \_\_\_\_\_

ALLERGIES (Please let us know if these allergies are mild, moderate or severe)

Does the person named on this form have asthma? If so, please note severity.

OTHER HEALTH ISSUES WE SHOULD KNOW ABOUT \_\_\_\_\_

MEDICATIONS: Please describe all medications person named on this form will need to take while at camp with exact dosages and times to be given. \_\_\_\_\_

**PARTICIPATION AND EMERGENCY TREATMENT WAIVER:**

In consideration for being allowed to register and participate in Camp It Up! held between Feb. 17<sup>th</sup> – Feb. 20<sup>th</sup>, 2017, as parents/guardian, I hereby release Camp It Up! and Camp Richardson Resort from injuries which are sustained during the camp, including any necessary transportation. I/The child described herein \_\_\_\_\_ (my name or child's name) has permission to engage in all scheduled activities except as noted by parent or physician. I hereby give the camp permission to initiate and provide any necessary treatments, including transporting to the nearest certified facility. If hospitalization is required, the person named on this form is to be referred to an appropriate physician and all treatments will be at their expense.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*(please print)*

Relationship to child \_\_\_\_\_