

Medical Record and Authorization Form

Camp Carmel and Camp Placid

Camper Name: _____ Age: _____ Male Female
Address: _____ Parent/Guardian Name: _____
City/State/Zip: _____ Parent/Guardian Phone: _____
Camper's SSN: **Not needed unless specified** Insurance Provider: _____
Policy Holder Name: _____ Policy Holder SSN: **Not needed unless specified**
Policy #: _____ Group #: _____
Family Doctor Name: _____ Family Doctor Phone: _____

Camper Health Information:

Height _____ Weight _____

Date of last Tetanus Booster: _____

Medical Conditions and/or Physical Restrictions:

Medications and Instructions (Including over-the-counter medications, such as Advil, allergy medications, etc.) (Please note: *All medications must be presented to Camp Manager in their clearly labeled, originally prescribed container. The Camp Manager reserves the right to turn down any medication that is not in its clearly labeled, originally prescribed container.*): _____

Allergies: Bee Stings Penicillian Food Other (please specify): _____

Additional Medical Information and Dietary Restrictions: _____

If parents/guardians are unavailable, I hereby authorize the Camp Manager or Camp Director to contact the camper's emergency contact listed on the Camper Registration Form:

Parent/Guardian Signature: _____ Date: _____

Authorization for Emergency Medical Care

I hereby give my permission to the Camp Manager, Camp Director, and other Camp officials to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child, _____ (first and last name), should an emergency arise. It is understood that the camp officials will make a conscientious effort to locate the parents/guardians or emergency contacts listed on the Camper Registration Form before any action is undertaken. If it is not possible to locate parents/guardians or emergency contacts listed, I/we accept the expense of emergency medical or surgical treatment (to the extent that it is not covered by my child/youth's healthcare insurance or the limited provided camp insurance).

Parent/Guardian Signature: _____ **Date:** _____