

# 2012 Summer Camp Medical Form: Parents or Guardians please fill out completely

989-426-7604 office

989-426-0993 fax

Camper's Name \_\_\_\_\_

week	Dates	Junior	Junior High	High School
1	6/18-6/23	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	
2	6/24-6/30			<input type="checkbox"/> Senior High Camp
3	6/25-6/30		<input type="checkbox"/> Junior High Boys Only Camp	
4	7/5-7/7	<input type="checkbox"/> Mini Camp		
5	7/9-7/14	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	<input type="checkbox"/> Senior High Camp
6	7/16-7/21	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	<input type="checkbox"/> Senior High Camp
7	7/23-7/28	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Girls Only Camp	
8	8/6-8/11	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High	
	8/30-9/3	<input type="checkbox"/> Family Camp	All ages— see website	For more info.

## Consent:

In case of medical emergency or general medical care, I give consent for medical treatment for the above named camper by authorized personnel. The camp carries secondary insurance. I understand that the above named camper will only be released to the names listed below, an update may be done at registration. I certify that my child has my permission to attend camp and participate in all activities and I authorize The Springs to use my camper's picture or testimony in any promotional material (web, print or media). My child may receive e-mails from the camp.

Signature of Parent or Guardian

 **SIGN  
HERE**

## Health Information— All information must be filled out. A health officer is on site at all times.

*It is our policy to contact the parent or guardian as soon as possible in the event of a serious accident or injury. If information has changed on the day of registration please see the health officer at that time. Please bring all medication in ORIGINAL CONTAINER or you will not be allowed to leave the medication or vitamins at the camp. No exceptions. All prescriptions must be in that campers name and the correct dosage.*

Is camper free from infectious disease or conditions? Y N Are immunizations up to date? Y N \_\_\_\_\_ Date of last tetanus shot

Any activity the camper should be restricted from \_\_\_\_\_

Any physical, mental or other condition that would require special attention or medication while at camp? \_\_\_\_\_

List any past medical treatment that would be helpful for us to know. \_\_\_\_\_