

2011 Summer Camp Medical Form

Camper Name _____

week	Dates	Junior	Junior High	High School
1	6/20-6/25	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	
2	6/26-7/2			<input type="checkbox"/> Senior High Camp
3	7/5-7/7	<input type="checkbox"/> Mini Junior Camp		
4	7/10-7/16			<input type="checkbox"/> Senior High Camp
5	7/11-7/16		<input type="checkbox"/> Junior High Boys Only Camp	
6	7/18-7/23	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	<input type="checkbox"/> Senior High Camp
7	7/25-7/30	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Girls Only Camp	
8	8/8-8/13	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High	
	Labor Day	<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**

Camper Release: Camper may be released to : mark all that apply

- Church Van _____
 Parents and guardians listed on form.
 Other _____

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 in the event of a serious accident or injury as soon as possible. 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. _____

Insurance Company _____ Insurance Policy # _____

List all medications, both prescribed and over the counter, all medications will be turned into the health officer except rescue inhalers, bring all medication in original containers.

List any allergies. bees peanuts other _____
 Any dietary needs that we should know about. _____