

**PARENT/LEGAL GUARDIAN INFORMATION:** (Please Print)

|                          |              |               |                              |  |      |
|--------------------------|--------------|---------------|------------------------------|--|------|
| Name:                    |              |               | Day Phone # (     )     -    |  |      |
| <i>Last</i>              | <i>First</i> | <i>Middle</i> | Evening Phone #(     )     - |  |      |
| Relationship to Campers: |              |               | Mobile Phone #(     )     -  |  |      |
| Address:                 |              |               |                              |  |      |
| City:                    |              |               | State:                       |  | Zip: |

**INSURANCE INFORMATION:** (Please Print)

PLEASE FILL OUT INFORMATION BELOW OR ATTACH A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD. ALSO, IF YOU HAVE A PRESCRIPTION CARD, PLEASE ATTACH A COPY OF FRONT AND BACK.

| INSURANCE HOLDER'S PERSONAL INFORMATION  |        | INSURANCE COMPANY INFORMATION |        |
|--|--------|-------------------------------|--------|
| Name:                                    |        | Company:                      |        |
| SSN:                                     |        | Address:                      |        |
| <b>ADDRESS (IF DIFFERENT THAN ABOVE)</b> |        | City:                         | State: |
| Address:                                 |        | Zip:                          |        |
| City:                                    | State: | Ins. Co. Phone #:             |        |
| Zip:                                     |        | Group #                       |        |
| Employer:                                |        | ID #                          |        |

**OFFSITE EMERGENCY CONTACT:**

|                          |                             |
|--------------------------|-----------------------------|
| Name:                    | Home Phone # (     )     -  |
| Relationship to Campers: | Mobile Phone #(     )     - |

**INDIVIDUAL CAMPER'S INFORMATION:** (Please Print)

|  |         |  |   |
|--|---------|--|---|
| Name:  |         | Date of Birth:     /     /                       |   |
| Age:   | Height: | Weight:  | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <input type="checkbox"/> address same as above<br><input type="checkbox"/> insurance coverage same as above  |         | If not same as above, please provide info below. |   |
| Please use space provided to list any known allergies or health conditions requiring treatment, restriction, or other accommodation while on site: |         |  |   |
|  |         |  |   |

**INDIVIDUAL CAMPER'S INFORMATION:** (Please Print)

|  |         |  |   |
|--|---------|--|---|
| Name:  |         | Date of Birth:     /     /                       |   |
| Age:   | Height: | Weight:  | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <input type="checkbox"/> address same as above<br><input type="checkbox"/> insurance coverage same as above  |         | If not same as above, please provide info below. |   |
| Please use space provided to list any known allergies or health conditions requiring treatment, restriction, or other accommodation while on site: |         |  |   |
|  |         |  |   |

**INDIVIDUAL CAMPER'S INFORMATION: (Please Print)**

|  |         |  |   |
|--|---------|--|---|
| Name:  |         | Date of Birth:     /     /                       |   |
| Age:   | Height: | Weight:  | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <input type="checkbox"/> address same as above<br><input type="checkbox"/> insurance coverage same as above  |         | If not same as above, please provide info below. |   |
| Please use space provided to list any known allergies or health conditions requiring treatment, restriction, or other accommodation while on site: |         |  |   |

**INDIVIDUAL CAMPER'S INFORMATION: (Please Print)**

|  |         |  |   |
|--|---------|--|---|
| Name:  |         | Date of Birth:     /     /                       |   |
| Age:   | Height: | Weight:  | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <input type="checkbox"/> address same as above<br><input type="checkbox"/> insurance coverage same as above  |         | If not same as above, please provide info below. |   |
| Please use space provided to list any known allergies or health conditions requiring treatment, restriction, or other accommodation while on site: |         |  |   |

**INDIVIDUAL CAMPER'S INFORMATION: (Please Print)**

|  |         |  |   |
|--|---------|--|---|
| Name:  |         | Date of Birth:     /     /                       |   |
| Age:   | Height: | Weight:  | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <input type="checkbox"/> address same as above<br><input type="checkbox"/> insurance coverage same as above  |         | If not same as above, please provide info below. |   |
| Please use space provided to list any known allergies or health conditions requiring treatment, restriction, or other accommodation while on site: |         |  |   |

**PARENT/GUARDIAN AUTHORIZATIONS:**

I am/we are in favor of the above persons attending camp and participating in all activities unless otherwise specified. As parent(s) or legal guardian(s) we accept the conditions stated, including the release of the Conference and Camp Management/staff from liability in case of accident/injury.

I give permission for my child to participate in off-site travel, under the supervision of the camp staff, as is part of the program for family camping event for which she/he is registered. I authorize the use of photographs or video in promotional materials.

I agree to the release of any records necessary for treatment, referral, billing or insurance purposes for the campers named on this health form. IN CASE OF MEDICAL ILLNESS OR INJURY, I hereby give permission to the camp to obtain proper medical care for the campers named on this health form. I authorize the camp nurse or certified first aid care provider to give first aid care, medicine, or treatment as ordered by the camp physician. IN CASE OF MEDICAL EMERGENCY or in the event that the named campers need medical care beyond camp facilities, I/we understand that every effort to reach the parent(s), guardian(s) will be made. If no one can be reached, I/we hereby give permission to the attending physician to hospitalize, secure proper treatment for, order injection, anesthesia or surgery as necessary for the campers named on this health form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_