

2012 Summer Cross Country Camp Medical Form (Camp Date July 27-29, 2012)

Name: _____ Birth Date: _____

Home phone: _____ Cell phone: _____

Home Address: _____

Name and address of Physician _____

Physician Phone: _____ Allergies: _____

List Medications/dose/time of any medications you take on a regular basis including over the counter meds: _____

Existing Medical Conditions: _____

List 2 people to be contacted in case of emergency (at least one needs to be a parent):

Name _____ relationship _____ cell # _____

Home phone _____ work phone: _____

Address _____

Name _____ relationship _____ cell# _____

Home phone _____ work phone _____

Address _____

Health Insurance (primary) _____ group # _____

ID# _____ secondary Insurance _____

My child may ___ may not ___ have over the counter meds for minor illness or minor injury

I understand that participation in cross country camp involves a certain degree of risk. In the case of an emergency involving my child, I give my consent for the adult leaders of the camp to obtain emergency medical care for my child if needed and I authorize the release of this medical information to emergency medical personnel.

Parent/guardian signature _____, Print name _____,

Date _____
