

HEALTH FORM

Name _____

Address _____

City/State/Zip _____

IN CASE OF EMERGENCY NOTIFY

Name _____

Address _____

City/State/Zip _____

Phone _____

Relationship _____

Medications taken at camp _____

Do you have any illness we should know about? _____

Do you have a Medic Alert necklace or bracelet? Yes _____ No _____

Dr. name/address/phone# _____

Signature: _____ Date _____

Please bring this completed form with you when you register.

To ensure privacy, health forms may be submitted in a sealed envelope. Please have your name and cabin number on the envelope.

Campers are insured in case of accident as long as they are on the grounds. The insurance does not cover you if you leave the grounds.