

Camper Medical Information Form

Dates of Camp Attendance _____

Camper Name _____ Date of Birth ____/____/____ Gender ___M___F
Address _____ City _____ State _____ Zip _____
Custodian Parent/Guardian _____ Phone _____ Work Phone _____
Address (if different) _____ City _____ State _____ Zip _____
Second Parent/Contact _____ Phone _____ Work Phone _____
Address (if different) _____ City _____ State _____ Zip _____
If not available in emergency, notify _____ Phone _____ Work Phone _____
Second emergency contact _____ Phone _____ Work Phone _____
Insurance Information
Is the participant covered by family medical/hospital insurance? Yes No
Family medical coverage plan and policy No. _____
Family Doctor _____ Phone _____

General information necessary for your child's protection and care:

1. Food or drug allergy? Y___ N___ If Yes, What? _____
2. Medication allergy? Y___ N___ If yes, what? _____
3. Other allergies? Y___ N___ If yes, please list: _____
4. Has your child been exposed to any communicable disease within the past 10 days? Y___ N___
If yes, treatment _____
5. Do you know of any physical or mental health factors that make it advisable for your child to follow a program of limited activities?
Y___ N___ If yes, please give the details on the back of this sheet.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the camper herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person mentioned above. This completed health form may be photocopied for use of the camp.

Signature of Parent/Guardian: _____ **Date:** _____

Liability Release: I understand that I/my child assumes personal risk by participating in the activities at The Dahlem Conservancy. I understand that The Dahlem Conservancy provides safe equipment and basic instruction needed for my child's safety. I realize that this is an outdoor camp, and therefore, I release The Dahlem Conservancy as liable or responsible for injury in the event of a lawsuit.

Signature of Parent/Guardian: _____ **Date:** _____