



CAMPER HEALTH HISTORY AND EXAMINATION PERMISSION FORM

The information provided on this form is not part of staff employment but is collected to assist in identifying appropriate care. This form, except for the *Health Recommendations of Licensed Medical Personnel* section, must be completed by the prospective staff member or their parent/guardian.

Camper Information

- **Applicant's Name:** _____
- **Date of Birth (DOB):** _____
- **Age at Camp:** _____
- **Home Address:** _____
- **Gender:** Male Female
- **Social Security Number:** ___ - ___ - ___

Parent/Guardian Information

- **Custodial Parent/Guardian:** _____
- **Phone Home:** _____ **Work/Cell:** _____
- **Home Address:** _____
- **Second Parent/Guardian (Emergency Contact):** _____
- **Phone:** _____
- **Address:** _____
- **If parents/guardians are unavailable in an emergency, notify:**
 - **Name:** _____
 - **Relationship:** _____
 - **Phone:** _____
 - **Address:** _____

Insurance Information (Must be Completed)

- **Is the applicant covered by family medical/hospital insurance?** Yes No
- **Insurance Carrier/Plan Name:** _____
- **Insurance ID/Medicaid Number:** _____
- **Name of Insured:** _____
- **Policy Number:** _____
- **Relationship to Participant:** _____
- **SSN of Policyholder:** ___ - ___ - ___

Permission to Treat

This Health History is correct and complete to the best of my knowledge. The individual described above has permission to engage in all prescribed camp activities except as noted by me or the examining physician.

I hereby give permission to **Camp Victory Lake** to:

- Provide routine health care
- Administer prescribed medications
- Seek emergency medical treatment, including ordering X-rays or routine tests
- Release medical records necessary for insurance purposes
- Provide or arrange necessary related transportation

In the event that I cannot be reached in an emergency, I authorize the medical staff at **Camp Victory Lake** to secure and administer treatment, including hospitalization, for the named individual. I acknowledge responsibility for the cost of all medical and dental treatment while at camp.

This completed form may be photocopied for out-of-camp trips.

Signature of Applicant: _____

Date: _____