

CAMPER HEALTH HISTORY AND EXAMINATION PERMISSION

The information provided on this form is not a part of the Staff employment, but is gathered to assist us in identifying appropriate care. This Form, except for the section entitled Health Recommendations of Licensed Medical Personnel, must be completed by the prospective staff member or his/her/ parent/guardian.

Applicants Name: _____ DOB _____ AGE AT CAMP: _____

Home Address: _____

Gender: Male Female Applicant Social Security# _____ - _____ - _____

Custodial Parent/guardian _____ Tel(____) _____
Last First

Home Address _____
Street City State/Zip

Second Parent/Guardian (Emergency contact): _____

Address _____ Tel.(____) _____
Street City State/zip

If not available in an emergency, notify:

Name _____

Relationship _____ Tel(____) _____

Address _____

Insurance Information (Must be Completed)

Is the applicant covered by family medical/hospital insurance? Yes No

Insurance Carrier or Plan name _____

Insurance ID/Medicaid number _____

Name of Insured/Policy Number _____

Relationship to Participant _____ SS# of Policy Holder _____

Permission to Treat

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

I hereby give permission to Camp Victory Lake to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine test; release medical records necessary for insurance purposes; and to provide or arrange necessary related transportation. In the event I cannot be reached in an emergency, I hereby give permission to the medical staff at Camp Victory Lake to secure and administer treatment, including hospitalization for the above named person. I will be responsible 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 _____

For signature the signer types their name on the signature line of the document between tow forward slashes (for example, /Jimmy Doe/)