

Camp Lake Louise 2010

Health Information:

Camper's Name _____ M ___ F ___ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Grade entering in fall _____
Home Phone _____ E-mail _____
Father's full name _____ Cell _____
Mother's full name _____ Cell _____
Emergency contact _____ Phone _____

Family Doctor _____ City _____ Doctor's Phone _____
Insurance Company _____ Policy Number _____ Which parent _____

Health or behavioral conditions Camp Lake Louise should be aware of:

Medications taken regularly: **(ALL medications must be brought to camp in original container)**

Meds given in private, please

Current infectious disease or conditions? If yes, explain.

Allergies: Poison Ivy Bee Stings Food Respiratory Penicillin Other
If yes, explain _____

Immunizations: (check if up to date) Polio MMR DPT Hepatitis B
 Tetanus (date of last booster) _____

Additional health: Information or restrictions the camp should be aware of

Camper and Parental Authorization:

The above information is accurate to the best of my knowledge. I hereby give permission to the medical staff selected by Camp Lake Louise to give routine, non-surgical treatment, to order x-rays, routine tests, treatment, maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations and acquire emergency transportation for my child if necessary. In the event I cannot be reached in an emergency, I hereby give my permission to the doctor selected by the camp director to secure and administer treatment, including hospitalization for my above named child. I also give my permission for the use of photos/videos including my child for Camp Lake Louise publicity.

_____ Date _____
(Signature of parent or guardian)

I understand and agree to abide by all camp policies and any restrictions my parent(s) or guardian(s) has noted.

_____ Date _____
(Signature of camper)

Emergency Contact (name & number)

Camper's Name