



Please complete this form and bring it on the first day:

Camp Medical Form

If your child is attending more than one camp please ask for photocopies of this form. Medical forms are destroyed at the completion of each camp.

FULL NAME OF CHILD (REN):

(1) _____ BIRTHDATE _____ \ _____ \ _____ SEX: M F
Year Month Day

(2) _____ BIRTHDATE _____ \ _____ \ _____ SEX: M F
Year Month Day

FULL NAME OF PARENT(S)/GUARDIAN: 1. _____

2. _____

ADDRESS: 1. _____

ADDRESS: 2. _____

TELEPHONE: HOME: 1. _____ WORK: 1. _____

CELL: 1. _____

HOME: 2. _____ WORK: 2. _____

CELL: 2. _____

CARECARD #Child (1): _____ FAMILY DOCTOR: _____

CARECARD #Child (2): _____ FAMILY DOCTOR: _____

PERSONS AUTHORIZED TO PICK UP THE CHILD AND/OR CONTACT IN EMERGENCY:

NAME	TELEPHONE NUMBER
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1. _____

2. _____

3. _____

Swimming Information:

Last swim level completed? Child #1 _____ Child #2: _____

Does your child need to wear a lifejacket? Child #1 _____ Child #2: _____

Can your child be unassisted in the deep end? Child #1 _____ Child #2: _____

Local media or Department staff may photograph participants for promotional purposes. Do you give permission for your child to appear in the photographs and videos? NO YES

Special instructions concerning Care, Medication, Diet, or Custody:

NO YES (IF YES, PLEASE ATTACH INSTRUCTIONS)