

Please complete other side
IF THE PARENT OR GUARDIANS CANNOT BE REACHED AT THE TIME OF EMERGENCY,
PLEASE CONTACT THE FOLLOWING PERSON(S):

Name/Relationship to Child	Daytime Phone #	Evening Phone #
1.		
2.		
3.		

INSURANCE INFORMATION

Do you have health insurance? _____ Yes _____ No
If yes, please complete this section.

HOSPITALIZATION

1. Name of Insurance Company _____
2. Subscriber's Name _____
3. Identification No. _____
4. Group No. (if any) _____

MEDICAL

1. Name of Insurance Company _____
2. Subscriber's Name _____
3. Identification No. _____
4. Category (if any) _____
5. Group No. (if any) _____

MEDICATIONS/ALLERGIES

Is your child currently taking any medication? Please specify.

Please note that all medications will be kept in the infirmary, and will be dispensed by our camp trainer

To your knowledge, is your child allergic to any medications? Please specify.

To your knowledge, does your child have any other allergies? Please specify.
