

Minorsâ€™™ Camp Health Information Release Form

Camper Information

Full Name

Date of Birth

Address

City

State

Zip

Parent/Guardian Information

Parent/Guardian Name

Phone

Email

Emergency Contact

Name

Phone

Relationship

Health Information

Allergies

Current Medications

Medical Conditions/Restrictions

Physician Name

Physician Phone

Health Insurance Provider

Policy Number

Authorization

I authorize the camp staff to obtain medical care for my child in case of emergency. I also consent to the release of the above health information to camp medical staff and relevant personnel.

Parent/Guardian Signature

Date