

Year: _____

CROSSROADS CHRISTIAN CAMP

33 Baldy Rd, Bradley, ME 04411 1-207-843-0682

Group: _____ Counselor: _____

CAMPER MEDICAL INFORMATION & RELEASE

Name: _____ Sex: M F
Last First

Nickname: _____ Birthdate: ___ / ___ / ___ Age: _____ Grade entering in the fall _____

Address: _____

Parent or Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ Work

Phone: _____

Other Emergency Contacts:

Name _____ Phone # _____

Relationship to child: _____ Work # _____

Name: _____ Phone # _____

Relationship to child: _____ Work # _____

Date of most recent Tetanus booster: _____ Are all other immunizations up to date ? _____

Please send a copy of the immunization record with this form.

****Allergies**:**

Food allergies _____ Reaction: _____

Environmental allergies: _____ Reaction: _____

Drug allergies: _____ Reaction: _____

Medications presently taking: (prescriptions, over-the-counter, vitamins, creams, ointments) *All medication must be in original bottle with camper and medication name and current dosage written on it.*

Drug name(s)	Dosage & Directions	Reason Taking
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If more space is needed, please print on the back.

Height _____ Weight _____ Hospitalizations? If yes, please explain: _____

Does camper have asthma? _____ diabetes? _____ seizures? _____

Any medical, emotional, or physical disorder which could affect the child's ability to participate safely in all activities? If yes, please explain: _____

Should any activities be limited? If yes, explain: _____

* Female Only: Has this person menstruated? _____ If not, has she been told about it? _____

Name/phone number of family physician: _____

Parental Authorization:

This information is correct so far as I know and the child herein described has permission to engage in all camp activities, except as noted by me and/or an examining physician. I give my permission for routine medical treatment to be administered by the camp medical personnel to the above named camper/staff. **In the event I cannot be reached,** I give permission for camp personnel to obtain emergency transportation & emergency medical treatment for the health of my child named above. I will not hold Crossroads Christian Camp liable for the consequences of the reasonable exercise of authority by camp medical personnel so long as treatment is given in good faith with the best interest of my child in mind.

Signature: _____ **Date:** _____

Parent/Guardian's or Self (must be 18 yrs. old)