

Camp Please circle
3rd 4th 5th 6th 7th 8th or High School

Westminster Woods Camp Medical Information Form

Please turn this form in with your registration

Valid January 1, 2018 – December 31, 2018

MINOR(S) INFORMATION (please print):

Full Name of Parents or Guardians _____

Address: _____ City: _____ State: _____ Zip _____

Name of Camper #1 _____ Gender: _____

Date of Birth: ____/____/____ Grade in Fall 2017: _____

Name of Camper #2 _____ Gender: _____

Date of Birth: ____/____/____ Grade in Fall 2017: _____

Name of Camper #3 _____ Gender: _____

Date of Birth: ____/____/____ Grade in Fall 2017: _____

Name of Camper #4 _____ Gender: _____

Date of Birth: ____/____/____ Grade in Fall 2017: _____

(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information)

Please initial for permission for all your children

My child/children may be given Acetaminophen for minor pain/headache: Yes__ or No__

My child/children may be given Ibuprofen for minor pain/headache: Yes__ or No__

HEALTH INSURANCE INFORMATION:

Health Insurance Company: _____ Phone Number: _____

Policy Number: _____ Group Number: _____

EMERGENCY CONTACT INFORMATION:

1) Parent/Guardian Contact Information

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

MEDICAL HISTORY:

Have Minor (s) had all school-required vaccinations? Yes _____ No _____

Date of last tetanus shot: Camper #1 _____ Camper # 2 _____

Camper # 3 _____ Camper #4 _____

Do Minor(s) have a communicable disease or medical condition that may be a risk to others? Yes or No
If yes, please describe:

Do Minor(s) have any drug allergies? Yes or No
If yes, please describe:

Please describe any special considerations regarding Minor(s) (medical conditions, food allergies, dietary restrictions, activity limitations, asthma, adhd, behavioral issues/concerns, etc.):

Camper #1 _____

Camper #2 _____

Camper #3 _____

Camper #4 _____

Parents/Guardian Legal Signature

Print Name: _____ I have legal custody of this minor Yes or No

Signature: _____ Date: _____

Witness Signature _____ Date _____