

# Bear Creek Camp 2016 - Camper Information

Camper's Last Name	First Name	Gender	Birth Date	Primary Phone
<b>Parent/Guardian Info</b>				Alternate Phone 1
Name	Relationship to Camper	Occupation	Email	Alternate Phone 2
				Alternate Phone 1
Name	Relationship to Camper	Occupation	Email	Alternate Phone 2

## Emergency Contact Info: (Must be someone other than listed above)

Contact Name	Relationship to Camper	Contact Phone
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## Health History

Immunizations: All immunizations required for school are up to date. YES NO

YES NO Do you give consent for these over the counter medications: Tylenol, Ibuprofen, Benadryl, Other: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Food Allergies/Dietary Restrictions: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

List any Illness, Chronic Condition, Physical Condition or Mental Limitations the camper has that requires restriction on camp participation:

Medications: YES NO (If yes, please fill out dosage/schedule below)

Medication	Quantity	Time	Comment

## Insurance Information

Insurance Company	Insurance Policy #	Insurance Company Phone #
Insurance Company Address	Primary Physician Name	Primary Physician Phone #

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in camp activities may be used for the camp's promotion free of any claims. I give permission for my child to participate in all camp activities except as noted and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel or staff selected by the camp to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for my child. I understand that Bear Creek Camp is not responsible for medical costs due to illness or injury while at this event and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance. If all immunizations required for school are not up to date, I understand and accept the risks to my child from not being fully immunized.

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Signature of Parent/Guardian (REQUIRED)                      Date