

**Health/Emergency Camp Participation Form**

Child's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

**Pertinent Medical Information**

Check if the child is allergic to any of the following:

\_\_\_ bee stings                      \_\_\_ poison ivy                      \_\_\_ penicillin

\_\_\_ insect bites                      \_\_\_ foods

other – please explain \_\_\_\_\_

Does you child take any medications? \_\_\_\_\_ Does you child need this medication during the camp day? \_\_\_\_\_

If yes, please fill out medication authorization form.

List any specific restrictions on child's activities (emotional or physical)

Is there any other information that might be helpful to a staff person working with your child? \_\_\_\_\_

Date of last Tetnus shot \_\_\_\_\_

**Emergency Contact Information-**

*These people must be other than parents listed above and that they are aware that they are listed as emergency contacts.*

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

**Permission for Medical Attention**

I, \_\_\_\_\_, authorize the director of the sailing program or their employees to  
(parent or guardian)  
sanction emergency treatment for my child \_\_\_\_\_ if none of the above  
named can be contacted at the time of an emergency.

Health Insurance : Name of Insurer \_\_\_\_\_ Policy # \_\_\_\_\_

**This form must be filled out completely and handed in the first day of camp for participation in the program.**