

CAMP TRINITY HEALTH FORM

Family last name: _____

Camper's First Names:

_____ age _____
_____ age _____
_____ age _____

Address: _____

In the Event of an Emergency:

Primary Contact Person: _____ Relationship: _____

Phone (home): _____ Work: _____ Cell: _____

If above person cannot be reached, please contact: Name: _____

Relationship: _____ Phone (home): _____

Work: _____ Cell: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Orthodontist: _____ Phone: _____

Insurance Coverage

I/We the parent(s) or guardian(s) of the enrolling camper, certify that the camper is covered by adequate medical/hospitalization insurance for the duration of the camp season. I/We understand therefore, that the cost of medical services due to any injuries sustained by the camper will be the financial responsibility of the parent or guardian. The camper enrolled is covered by the following medical/hospitalization insurance.

Name of Insurance: _____ Policy# _____

Group # _____ Parent or Guardian Signature _____

Date: _____

EMERGENCY COVERAGE

I hereby give permission to the medical personnel selected by the camp director to provide emergency medical treatment. I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for the child mentioned above. This form may be faxed or photocopied. I hereby assume the responsibility for payment for any emergency medical treatment.

Parent or Guardian Signature: _____ Date: _____

Will your child be taking any medication during camp? _____

*If yes, all medication must be given to First Aid office.

What medication will they be taking? _____

Why are they taking this medication? _____

*Permission to give medication form **must** be on file with Nurse.

Does your child have any allergies? _____ Please list _____

Does your child have allergies to any medications? _____ Please list _____

Does your child have asthma? _____ If yes, does he/she use an
Inhaler? _____

Does the camper have any physical limitations or chronic ailments that we should be
aware of? _____

Has the camper been identified with any learning disabilities? _____
Explain _____

Would they interfere with typical camp activities? _____

Camp Trinity is a highly structured camp that requires children to stay with a group and
follow the direction of counselors. Are there any behavioral issues that your child has
that might hinder his/her full participation in our camp program?

Date of last Tetanus shot: _____

Please list any additional comments that you have that might help us care for your
child _____

The medical information I have provided, to the best of my knowledge is correct and the
person(s) herein described has permission to engage in all prescribed camp activities
except if noted.

Camp reserves the right to dismiss or suspend campers due to behavior that is detri-
mental to the wellbeing of camp and or campers. By signing below, parent/guardian
agrees to the terms listed above.

Parent or Guardian Signature _____ Date ____/____/____

My child/children are completely up to date with all their immunizations and physicals.

Parent or Guardian Signature _____ Date ____/____/____