

## Medical Information Form

This form must be completed by everyone attending camp (one form for each person)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Dorm/Housing: \_\_\_\_\_

Known Allergies (including allergies to medications): \_\_\_\_\_

Special Health and Behavior Limits: \_\_\_\_\_

Special Needs \_\_\_\_\_

Medical or Physical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

All Immunizations Current? Yes No

Insurance Company & Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Phone Number of Policy Holder: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/ Work: \_\_\_\_\_

FOR ALL CAMPERS UNDER THE AGE OF 18:

This is to verify that I, the parent/guardian of (child's name) \_\_\_\_\_ do hereby appoint the camp nurse to authorize routine and emergency medical treatment while my child is attending Almont Summer School. I agree to be responsible for the cost of such treatment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

**All Campers not PAYING and turning in Registration and Medical forms BEFORE July 10th will be charged a \$25 late fee!**