

# Medical Information / Consent Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Telephone #: \_\_\_\_\_

List Allergies: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

I understand that it is my responsibility to cooperate with every counselor, and I will conduct myself within the limits of camp rules at all times. Failure to do so will result in my being sent home at my parent's expense.

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date

I hereby give permission for the counselors and/or attending medical personnel to administer any emergency care deemed necessary in the event of an accident or illness.

Furthermore, I understand that my child will be sent home at my expense in the event of consistent disobedience.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

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