

HEALTH INFORMATION

Camper's Name _____ Birth Date _____ Weight _____
Address _____ City _____ Zip _____
Mother's Name _____ Home Phone _____ Cell Phone _____
Father's Name _____ Home Phone _____ Cell Phone _____

In case of emergency please call:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Has the camper had the following: (Please indicate the most recent date)

Chicken Pox _____ Mumps _____ Measles _____ Sinus Trouble _____
Ear Infection _____ Tonsillitis _____ Fainting _____ Nosebleeds _____

Does your child have any condition which would prevent him/her from participating in all camp activities?

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP

Any Allergies (food, drugs, etc.) _____ Bee stings, Mosquitoes _____
Asthma or Hay Fever _____ Serious Injuries/Illness _____

Has the camper received medical treatment during the past year? Date _____ Reason _____

Does the camper take medication at present? _____

HEALTH CARE

Insurance Provider _____

Policy# _____

Doctor Name: _____

Phone _____

Any additional information _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT

(I), (We), the undersigned parent(s) of _____ do hereby authorize the directors of Oakwood Recreation Center as agent(s) for the undersigned to consent to any x-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physical or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician or surgeon in the exercise of his best judgment may deem advisable.

Signature of Parent/Guardian

Date

**If during the course of camp any of the information should change it is your responsibility to update this form.*

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