

CAMP CONCERN MEDICAL REPORT

CAMPERS WILL NOT BE ALLOWED TO ATTEND WITHOUT THIS FORM COMPLETED BY PARENT OR LEGAL GUARDIAN. PLEASE DO NOT MAIL THIS FORM. RETURN WITH CAMPER AT REGISTRATION.

Camper's Name _____ Date of Birth _____

Sex _____ Age _____ Please circle one: Senior/Secondary/Junior Week

Address _____

State _____ ZIP _____

Parent/Legal Guardian's Name _____ Cell phone _____ -- _____ -- _____

Home Phone _____ -- _____ -- _____ Work Phone _____ -- _____ -- _____

Emergency Contact _____ Cell Phone _____ -- _____ -- _____

Home Phone _____ -- _____ -- _____ Work Phone _____ -- _____ -- _____

Camper pick-up is Saturday morning between 10:00 am and 11:30 am. Please list additional names and number of those adults who have permission to pick-up your child:

NOTE TO SENIOR WEEK PARENTS: Please sign here if the camper will have a car on the campsite and will drive him/herself home Saturday. _____

ALLERGIES

TYPICAL INTERVENTION NEEDED _____

FOOD INTOLERANCES (FEEL FREE TO SEND ALTERNATIVES) _____

TYPICAL INTERVENTION NEEDED _____

PLEASE INITIAL PERMITTED OVER-THE-COUNTER MEDICATIONS:

Pepto Bismol	MiraLax	Tums	Colace	Ibuprofen	Tylenol	Dimetapp
Robitussin	Claritin	Benadryl	Hyrocortisone	Cough Drops	Sunscreen	Other

IF YOU HAVE ANY MEDICAL, BEHAVIORAL, SOCIAL OR LEGAL CONCERNS WE ENCOURAGE YOU TO CONTACT THE DIRECTOR OF YOUR WEEK PRIOR TO CAMP STARTING. SHARING THIS INFORMATION MAY BE BENEFICIAL IN HELPING US BETTER CARE FOR YOUR CAMPER. ANY SPECIAL ARRANGEMENTS OR CONSIDERATIONS MAY BE ADDRESSED IN ADVANCE.

PLEASE COMPLETE REVERSE SIDE

PLEASE LIST ANY PHYSICAL, MEDICAL OR BEHAVIORAL CONDITIONS/RESTRICTIONS

CURRENT MEDICATIONS AND DOSAGES

(Please send all medications including, emergency medications in bag labeled with your child's name)

1. _____
2. _____
3. _____
4. _____
5. _____

<u>IMMUNIZATION RECORD (Date of Last Received)</u>	
DPT	Chicken pox
Polio	COVID
MMR	Hep B
HIB	

<u>Insurance Information</u>
Name of Insured:
Carrier:
Member ID#
Group #

PARENT OR GUARDIAN PERMISSION

I understand that Camp Concern will perform their due diligence to provide a safe and healthy environment for my child. I understand that Camp Concern cannot guarantee an illness-free environment and will therefore not be held liable for any possible illness or injury. I have reviewed and agree to follow the Camp Concern policies and acknowledge that inability to follow said policies and procedures will result in immediate dismissal.

Signature of parent or legal guardian

Signature of Camper

(Camper name) _____ has my permission to attend Camp Concern's summer program. Camp Concern also has my permission to authorize treatment for my child by qualified medical personnel in case of sickness or injury. I understand that some risk is inherent in camp activities, and I agree to release and hold harmless the Commonwealth of Pennsylvania from any liability arising from participation in camp activities.

Signature of parent or legal guardian

Signature of camp personnel authorizing treatment in case of sickness or injury.

Additionally, I hereby grant permission for (Camper name) _____'s image/likeness to be used by Camp Concern in photograph or video form on the Camp Concern website, social media or other promotional media, including print. If I object to my child's image/likeness being used, I understand that I must notify Camp Concern of this in writing. Forms for denying this consent will be made available to parents during Final Registration.

Signature of parent or legal guardian