

Health and Medical Release Form

Name of Camper _____

Birth Date / / Age Sex Height Weight. _____

Parent/Guardian's Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Other () _____

In case of emergency, call (in case above cannot be reached) _____

Name (2nd contact) _____

1st Phone _____ 2nd Phone _____

Family Doctor _____ Phone _____

Medical Insurance Co. _____

Policy No. _____

Copy of Insurance card attached: yes no _____

Date of last Tetanus Shot _____

(Must be within the last 10 years. If not within 5 years and a laceration or puncture wound occurs, a DT will need to be given) _____

Last physical exam: 1 year 2 years 3 years _____

General health: excellent average below avg. _____

Blood pressure: high average low _____

Allergies: yes no (If yes, specify) _____

Bed Wetting yes no _____

Food Allegies: _____

Asthma: yes no _____

Sunburns easily: yes no _____

Special diet: yes no (If yes, specify) _____

Physical disability: yes no (If yes, specify) _____

(For females) Menstrual periods begun: yes no _____

LMP _____ Normal: yes no _____

I affirm that this information is accurate, and that Lakewood Retreat has my permission to act in the best interest of my child's health if I cannot be contacted in a timely fashion.

Parent/Guardian signature: _____

Date: _____

All informations in the form is private and confidential.