

Bear Creek Camp 2019 - Camper Information

Camper's Last Name First Name Gender Birth Date Primary Phone

Parent/Guardian Info

Alternate Phone 1

Name Relationship to Camper Occupation Email Alternate Phone 2

Alternate Phone 1

Name Relationship to Camper Occupation Email Alternate Phone 2

Emergency Contact Info: (Must be someone other than listed above)

Contact Name Relationship to Camper Contact Phone

Health History

Immunizations: All immunizations required for school are up to date. YES NO

YES NO Do you give consent for these over the counter medications: Tylenol, Ibuprofen, Benadryl, Other: _____

Medication Allergies: _____

Food Allergies/Dietary Restrictions: _____

Other Allergies: _____

List any Illness, Chronic Condition, Physical Condition or Mental Limitations the camper has that requires restriction on camp participation:

Medications: YES NO (If yes, please fill out dosage/schedule below)

Medication	Quantity	Time	Comment

Insurance Information

Insurance Company Insurance Policy # Insurance Company Phone #

Insurance Company Address Primary Physician Name Primary Physician Phone #

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in camp activities may be used for the camp's promotion free of any claims. I give permission for my child to participate in all camp activities except as noted and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel or staff selected by the camp to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for my child. I understand that Bear Creek Camp is not responsible for medical costs due to illness or injury while at this event and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance. If all immunizations required for school are not up to date, I understand and accept the risks to my child from not being fully immunized.

Signature of Parent/Guardian (**REQUIRED**)

Date