## CAMP WOTEKI HEALTH HISTORY AND MEDICAL RELEASE

## DO NOT MAIL - COMPLETED, SIGNED FORM MUST ACCOMPANY CAMPER ON FIRST DAY OF CAMP WHEN MEETING BUS/CARPOOL OR UPON ARRIVAL AT CAMP WITH PARENT

Camper's Name						_ Date of Birth		
Address								
Name of	f Parent(s)/Legal Guardian							
Home Phone Cell F			ell Phone		_ Work Phone			
Name of relatives or friends whom you auth Name Name		Hom	_ Home Phone		Work Phone			
	camper been under physician's							
List rec	ent operations or serious injuri	es (include y	vear of ope	eration or inju	ry):			
	e camper have any known allerg Food			Plants				
Drugs								
	Other							
	n reaction & note medication, if	aiven:						
	, ,	5						
Does the	e camper exhibit any of the fol	lowina:						
	• •	_	ulsions		_ Hyperactivi	tv		
	Sleepwalking Conv Bedwetting Asth			Attn. Def. Disorder (ADD/ADHD)				
	Explain to what degree:				_ / / / / / / / / / / / / / / / / / / /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>5,7</i> (5)	
	immunizations & boosters curre			no				
	What year was the camper's las		•					
	camper bringing medication, of c			yes	no			
13 1116 6		Iny Kina, io c	- Cumpr					
	Medication (includes vitamins)	dosage	X here if only as needed	mark best time(s) for taking medication while at camp				
+				breakfast 8:00 am	lunch 12:30 pm	dinner 5:30 pm	bedtime 9:00-9:30 pm	
	*Note: Medication will only be administ be in original containers with dosage in	•	•				on is preferred to	
	re other medical, social, or beh xplain, using another sheet of p			e camper that	the Camp Dir	ectors should	d be aware of?	

Camper's name	Camp WoTeKi, 20
I will take the responsibility to see that my child is puthe proper clothes and equipment and being in good every reasonable effort has been made to contact not listed, I hereby give my permission to the physician secure treatment for and to order injection, anesthe event any such treatment is not covered by insurance expenses incurred in such emergency treatment.	d health. In case of medical emergency, after ne, the family physician or one of the alternates secured by the adult in charge to hospitalize, sia or surgery for my child named above. In the ce applicable to the activities, I will pay the
Signature of Parent/Legal Guardian or Signature of participation	ant, if adult. Date
MEDICAL EXAMINATION - To be filled out by a licensed	I medical physician
I find the applicant to be in good health and able to exception:	take part in activities at Camp with the following
Hiking NONE Overnight to the control of the cont	trips
Abnormalities which require special consideration:	
Date of Examination: Physician Signature: Address:	······································
Telephone:	
or	
CAMPING AUTHORIZAT TO BE FILLED OUT BY CAMPER	
All participants in Camp WoTeKi, where strenuous a have a current medical examination, as a condition	•
The undersigned Parent or Guardian for (name of phereby waives said requirement and authorizes the current medical examination; and hereby agrees to agents, and employees from any and all liability for resulting from the waiver to require said medical examination.	said participant to attend camp without having a release and hold harmless WoTeKi, Inc., its damages which may occur to said participant
XSignature of Parent/Legal Guardian or Signature of participation	ant, if adult. Date