

Milford Park Camper Medical Information and Release Form

This form must be completed and either sent in with the registration or brought at check-in

Name _____ M/F _____ Birth Date _____

Address _____

City, State, Zip _____

Home Phone # _____ Cell or Work Phone # _____

Emergency Contact Name: _____ Relationship _____

Phone # _____ Primary Insurance Co. _____

Child's Physician _____ Phone # _____

Medical conditions (physical or mental limitations) _____

Regularly administered medications: _____ Date of child's last Tetanus: _____

Name: _____ Dosage: _____ Time: _____

Allergies: (check those which apply and specify nature of allergic reaction)

Bee Stings _____

Pollen/Dust _____

Foods _____

Plants _____

Medicines _____

Other _____

The individual camper's Blue Cross, Blue Shield, HMO, or other insurance carrier is primary to our insurance. Even though our insurance coverage is secondary, in case of any incident, a report form (available in the Milford Park office) must be completed and submitted to Jay Reinhard or Jerald Lagler within twenty four (24) hours of occurrence. Our insurance carrier will not honor any claims presented at a later date.

Parent's Authorization All the information provided here is accurate and true to the best of my knowledge. I give my permission for my child to engage in all camp activities except as noted. In the event that I cannot be reached in an emergency, I give my permission to the medical professionals selected by the Camp Nurse to hospitalize, secure treatment for, and order injections, anesthesia, surgery or other necessary procedures for my child. I understand I am responsible for the cost of any such medical treatment. I give permission for the Camp Nurse to dispense any prescription medications which I send with my child, as well as over-the-counter medications as needed. I also give permission for Milford Park to use my child's picture in camp promotional materials.

Parent or Guardian signature _____ Date _____