

Camp Inspire and Thrive - Emergency Medical Form

Camper Information

Full Name:

Date of Birth:

Gender:

Address:

Phone Number:

Parent/Guardian Name:

Parent/Guardian Phone:

Emergency Contact Name:

Emergency Contact Phone:

Medical Information

Primary Physician:

Physician Phone:

Insurance Provider:

Policy Number:

Allergies:

Medications:

Medical Conditions/Diagnoses:

Consent & Authorization

I authorize Camp Inspire and Thrive to secure emergency medical treatment as needed.:

Parent/Guardian Signature:

Date:
