

Buckskin Council 2008 Day Camp
HEALTH INFORMATION & REGISTRATION FORM

Note: All Campers and adult partners must complete a health information & registration form.

Name: _____ Birthday: _____ Age: _____
Address: _____

Home Phone: _____ Grade completed in June: _____ Pack #: _____
Name of Parent or Guardian: _____

IN CASE OF AN EMERGENCY, NOTIFY:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Doctor's Name: _____ Phone: _____
Insurance Company and Policy Number: _____

HEALTH INFORMATION:

Date of last Tetanus shot: _____

Check if any complications with the following, (check, if yes):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart	<input type="checkbox"/> Fainting	<input type="checkbox"/> Eyes
<input type="checkbox"/> Nose	<input type="checkbox"/> Throat	<input type="checkbox"/> Lungs	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ears

Other: _____

Allergies: _____ Restrictions: _____
Please specify and describe any health indications above: _____

Are you taking any medication on a regular basis? Yes No
If so, what? _____ Restrictions: _____
Dosage? _____ Will you bring this to camp? Yes No

Please note other special religious or dietary needs: _____

PARENT/GUARDIAN AUTHORIZATION: This health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the camp staff, to hospitalize, secure proper anesthesia, administer treatment or to order injection or surgery for my child.

Signature of parent or guardian: _____

Date: _____

ADULTS ONLY: If you are going to be in camp, please check which days:

Monday Tuesday Wednesday Thursday Friday

(1) Do you have medical training? _____ Explain: _____

(2) Email Address: _____