

Camp Butter & Egg Participant Medical History



Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Age: _____ Circle one: Male Female

Person to Notify In Case of Emergency:

Name: _____ Relationship: _____

Emergency Telephone Number(s) _____

Insurance Company: _____ Name of Insured Person: _____

Policy Number: _____ Telephone: () _____

Medical History:

Please list any health problems, allergies, and/or conditions of which we should be made aware:

Please list any medications camper is currently taking—drug name and amount:

Miscellaneous: Can camper swim? _____

Will camper be bringing medication to camp? ___ no

___ yes, Medication name/information: _____

If you need to share additional information with the camp directors regarding you child's camp stay, please indicate below:

Continue on back if needed.

Publication Permission

During camp sessions, we will be photographing and videotaping our campers experiencing daily camp life. These photos are taken in order to use them in our marketing efforts, both in print and video form. Please sign below if we have your permission, as parent or guardian, to use your camper's image in this manner:

_____ (parent's signature) _____ date