

Medical Report and Certificated for Camp 4 Star

This report is to be filled out completely by the parents/legal guardian and returned with the application. In the event of a medical emergency, we will seek emergency medical attention for your child. By signing the consent form below, you make it possible for us to get medical help quickly. Doctors are reluctant to provide medical care without your permission or a signed consent form. In the event of an emergency, medical expenses are the responsibility of the parents. However, limited insurance is carried by the camp to defray any initial expenses. The remainder of the consent paragraph is to release Camp 4 Star from liability as is routinely done for school functions and the like.

Camper's Name: _____ Birth Date: _____

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone numbers where parent(s)/guardian(s) may be reached: (Please circle the phone number to be called FIRST)

Home: _____ Work (father): _____ Work (mother): _____

Cell (father): _____ Cell (mother): _____

Please provide an alternate name or contact information in case you cannot be reached:

Alternate Contact Name: _____ Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Family Physician: _____ Physician's Phone: _____

Is your child in good health now? Yes No If answer is no, please explain: _____

If your child has come into contact with any communicable disease during the three weeks prior to camp, please list here: _____

Please list any medications your child is taking: _____

All medications must be given to the nurse, who will dispense to your camper as needed.

If your child has any allergies, please list them here: _____

Consent Form

We, the undersigned parents or guardian of the above named child, a minor, do hereby give our consent to the participation of our son/daughter in the activities of Camp 4 Star and hereby release and forever discharge Camp 4 Star and its offices from any and all liability for injuries sustained while participating in camp activities. We also hereby authorize the treatment, administration, of anesthesia and surgical treatment(s) for our minor child in the event of a medical situation occurring during both the time at camp or when the hospital or physicians are unable to contact us. The authorization extends to any hospital and both physician and nursing personnel where treatment is rendered, including a physician's office. We release from medical responsibility and liability the hospital, medical authorities and physicians for performing medical procedures acting on the authority of this medical treatment consent form which are deemed necessary for my minor child.

FATHER'S/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

MOTHER'S/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____