

BLUE BELL SENIOR CAMP
CAMPER'S HEALTH FORM
(PARENT COMPLETE THIS SIDE)

Camper's Last Name	First Name ()	Birth date ()	Age ()
Mother's Name	Home phone ()	Business phone ()	Cellular/Bpr ()
Father's Name	Home phone	Business phone	Cellular/Bpr
Suggestions or Restrictions _____			

Emergency Contact _____
Name _____
Address _____ Phone _____

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact the camper's parents or guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, to secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above. I further authorize any medical care provider to release any medical information pertaining to my child to the director of Blue Bell Senior Camp or its medical staff.

Signature _____ Date _____

(over)

PHYSICAL EXAMINATION - To be filled in by physician

Camper's Last Name _____ First Name _____ Date of Examination _____

has been examined by me, is in an excellent state of health and free from any contagious diseases. Immunizations are up to date. There are no apparent contraindications to participating in all camp activities.

Most recent Tetanus Immunization: _____

Allergies: _____

Comments, special problems, restrictions or general appraisal: _____

Doctor's Name _____ Address _____ Phone _____
(signed) _____
Examining Physician _____ Date _____