



Mar-Lu-Ridge Camper Health History Form

No one will be accepted to a camp program without returning this form to the Registrar.
Please return no later than **FOUR WEEKS** prior to the program start date.

Name: _____ Date of Birth: _____ Camp Date: _____
Parent / Guardian Name: _____ Other Parent / Guardian Name: _____
Home Address: _____
Primary Phone: _____ Other Phone: _____
Emergency Contact (if parent/guardians can't be reached): _____ Phone: _____

**** Insurance Information**

(copy of your card must be mailed with form)

Circle One:

I DO NOT have insurance.

I HAVE attached copy of insurance card.

Family Doctor: _____

Phone: _____

Does your child have any allergies? If so, to what? _____

Does your child require an EpiPen? If yes, please provide details about your child's anaphylaxis, including the date and description of the reaction. _____

Does your child have dietary restrictions? If yes, please explain. _____

Current Medications: _____

Does your child take any medications at home they will NOT be taking at camp? If yes, please explain. _____

Medication Policy – I understand that no medications (Prescription or Over-The-Counter OTC) will be given to my camper without this signed permission from me. Mar-Lu-Ridge has a select amount of OTC medications (Benadryl, Tylenol, Ibuprofen, first aid ointments, etc.) in the Health Care Center. Mar-Lu-Ridge has my permission to administer OTC medications that their Licensed Physician / Health Care Supervisor recommends to my camper.

**** SIGNATURE OF PARENT/GUARDIAN:** _____ **DATE:** _____

Check all that apply for your camper:

_____ I request that Mar-Lu-Ridge does not administer the following to my camper: _____

_____ Off-site trips (Adventure, Horseback, Pioneer, etc.): I give my permission for my camper's counselor to administer the prescription medication I have sent during excursions away from camp.

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted. In the event that I cannot be reach in an emergency, I hereby give permission to medical personnel and/or the physician selected by the camp directors to hospitalize, secure proper medical treatment for, and to order injections, anesthesia, x-rays, routine tests, or surgery; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my camper or myself as named above. This completed form may be photocopied for trips out of camp.

**** SIGNATURE OF PARENT/GUARDIAN OR ADULT CAMPER:** _____ **DATE:** _____

Camper Name: _____
Camp Program: _____