

# Health and Emergency Information

**\* NO ONE MAY STAY FOR CAMP WITHOUT THIS MEDICAL RELEASE FORM SIGNED BY A PARENT OR GUARDIAN!!**

**PLEASE ENCLOSE A COPY OF YOUR INSURANCE CARD**

**PLEASE ENCLOSE A COPY OF IMMUNIZATION RECORD**

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Female Male

Allergies \_\_\_\_\_

Has history of or is under care  
for \_\_\_\_\_

Medications (All prescriptions must have a current label from the pharmacy stating  
instructions and dosages.)  
\_\_\_\_\_

Can You participate in all camp activities? \_\_\_\_\_

If \*No\*, please state limitations \_\_\_\_\_

Anything else we need to be aware of?  
\_\_\_\_\_

## Emergency Contact Information:

Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I give permission for the camp officials to secure emergency medical service for my child  
named above at my expense (or through personal insurance).

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Insurance:** If your child becomes ill, is injured, or requires medical treatment, you or your personal medical insurance are responsible for the cost of treatment. Please enclose with your completed registration form a copy of both sides of a current insurance card showing coverage for your child (if you have insurance).

**Immunization records:** We we are **REQUIRED** by **TEXAS STATE HEALTH DEPARTMENT** to have a copy on hand for **ALL Staff under the age of 18.**

**Drug and Alcohol Policy:** The use of alcohol or illegal drugs at camp will not be tolerated.