

MEDICAL STATEMENT FOR CAMP WILLOW RUN

All information requested below must be filled out by parent/guardian and on file before a camper can be admitted to and participate in the camp program.

1. Camp Dates: ___ March 9 –10, 2019 _____

2. Group Name: ___ White Memorial Presbyterian Church _____

3. Camper’s Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

4. Camper’s age: _____ Birth Date: _____

5. Medical History:

a. General Health: _____

b. Limitations: _____

c. Special Diet: _____

Reason: _____

(Attach sample menus or special food list)

d. Medications needed at camp: _____

Reason: _____

e. Allergies: _____

Medications used to treat allergies: _____

f. Ability to participate in full camp program: _____

g. Immunizations (give current dates):

1. Tetanus _____ 2. Polio _____

3. MMR _____ 4. DPT Series _____

6. Doctor’s name: _____

Address: _____

Office/Home Phone: (____) _____

7. Parental Consent:

I hereby authorize the staff at Camp Willow Run to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Camp Willow Run and its Staff from any and all liability for any injury or illnesses incurred at camp. I acknowledge that all the medical information given is accurate and up to date; I agree to notify CWR if any change occurs in my child’s medical condition before arriving at camp.

Parent/Guardian Signature:

_____ Date: _____