



Health Care Form

Male Female

Name

Gender

Address

Personal Information

City

Province

Postal Code

E-mail

Phone (with area code)

Alternate Phone #

Birth Date (mm/dd/year)

Age

Emergency Contacts

Emergency Contact Person #1

Relationship

Phone (with area code)

Alternate Phone (With area code)

Emergency Contact Person #2

Relationship

Phone (with area code)

Alternate Phone (With area code)

Personal Health Care Number

Doctor's Name

Phone (with area code)

Please list any medical conditions, dietary needs, or allergies we should be aware of:

Medical Information

Current Medications Required:

Are there any physical limitations or disabilities that might affect your duties at camp?

No Yes Please Explain: _____

Declaration

- The medical information is correct to the best of my knowledge, and I have permission to engage in all described camp activities except as noted above.
- In case of emergency I hereby give permission to the physician selected by the Executive Director or his/her designate, to secure proper treatment.
- This information may be photocopied and/or contained in the camp's staff database for the purposes of authorized health personnel.
- Every precaution is taken for the safety and good health of the campers and staff, but in the event of an accident or illness, River's Edge Camping Association, including the Camp Board, the Director, the staff, and volunteers are hereby released from any liability.

Signature of Applicant

Date

Signature of parent/guardian
if applicant under 18yrs. old

Date