

NOTE: Please fill out this form completely. If the camper is a minor, a parent or guardian must sign this form and it must be notarized.

Camper Name _____ Male / Female
 Address _____ City _____ ST _____ Zip _____
 Phone _____ DOB _____ Age _____
 Social Security # _____

MEDICAL INFORMATION

The following information **MUST** be completed for the camper named above.

Is camper (listed above) current on all immunizations? **YES / NO**
 - If no, please check with family physician.

Please give date of last **tetanus** immunization _____.

Has camper had Chicken Pox? **YES / NO**

Is camper allergic to any medications? **YES / NO** If YES, please list:

Please list any allergies, or physical conditions, which may have a bearing on the camper's stay at camp (i.e. bee sting or insect bite allergies, dietary considerations, etc.)

NOTE: No persons under the age of 18 are to be given any medications by the camp nurse or staff (including BOTH "over the counter" drugs and prescription drugs) without physician's orders or signed parental (or legal guardian) consent. Upon approval, medications may be dispensed according to these orders and as indicated by the normal dosage requirements for each instance.

If your child is a minor, please place a check mark beside each medication listed below that is approved for dispensing to your child. If spaces are left blank, the camp staff **WILL NOT** dispense that particular medication unless a physician or parent (or legal guardian) is contacted for approval. Medications, which are not listed on this form, will not be dispensed without approval.

	Acetaminophen (Tylenol)		Aspirin		Ibuprofen (Advil, Motrin, etc)
	Decongestants		Antihistamines (Benadryl, etc.)		Multi Symptom Cold Medicine
	Pepto Bismol		Antacid (Tums, Mylanta, etc)		Anti Diarrhea Medicine

Please list medications camper is currently taking: _____

IMPORTANT!!!

INSURANCE COMPANY _____ POLICY NUMBER _____

INSURANCE COMPANY TELEPHONE NUMBER (24 hour) _____

**Important: Emergency Medical Release
And Camper Agreement**

I/WE authorize F.C. Carolina Camp to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by F.C. Carolina Camp in the case of an emergency.

I/WE authorize F.C. Carolina Camp to administer those medications to my/our child, which are indicated by a check mark on the front side of this form according to the prescribed directions for each.

I/WE agree to assume all responsibility for my/our child's actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse of my/our child or transportation costs, should it become necessary for my/our child to be sent home for medical or disciplinary reasons prior to the conclusion of this event.

Printed Name of Parent or Legal Guardian _____

Address (if different from front side) _____

Home Phone _____ Mobile _____ Work _____

Signature: _____ Date _____

Note: This form must be signed in the presence of a licensed notary public, who witnesses this signature with his or her seal.

The forgoing instrument was acknowledged before me this _____ day of _____, 20__
by _____ who is personally known to me or who has produced a
_____ as identification.

Signature of Notary

My Commission Expires

SEAL