

# F.C. CAROLINA MOUNTAIN CAMP

## Camper Registration / Medical Form

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 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ 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    \_\_\_\_\_ Antacids (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 Mtn. Camp to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by F.C. Carolina Mtn. Camp in the case of an emergency.

I/WE authorize F.C. Carolina Mtn. 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ 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 foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_  
by \_\_\_\_\_ who is personally known to me or who has produces a  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary

SEAL

\_\_\_\_\_  
My Commission Expires