



2019

CHINA LAKE CAMP HEALTH FORM

China Lake Camp, P.O. Box 6149, China Village, ME 04926 — (207) 358-9594

Please complete the following required medical information and submit it with the registration form. The following information will be given to the camp nurse. **Please fill out both sides.**

Camper's Information:

Camper's Name: _____ Date of Birth: _____

Grade last completed (as of June 2019): _____ Sex: Male Female

Home Phone: _____ Email: _____

Camper's Home Address: _____

Street Address, City, State, Zip Code

Camper's Height _____ Camper's Weight _____

Emergency Contact Information:

This refers to the parent / guardian with legal custody – the person to be contacted in case of illness or injury:

Name: _____ Relationship to camper: _____

Phone Numbers – Home: _____ Cell: _____ Work: _____

Home Address _____

(if different from above) Street Address City State Zip Code

E-mail Address: _____

Second parent / guardian or other emergency contact:

Name: _____ Relationship to camper: _____

Phone Numbers – Home: _____ Cell: _____ Work: _____

Home Address: _____

(if different from above) Street Address City State Zip Code

E-mail Address _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to camper: _____

Phone Numbers – Home: _____ Cell: _____ Work: _____

Health Care Providers:

Camper's Physician: _____ Phone Number: _____

Camper's Dentist: _____ Phone Number: _____

Orthodontist: _____ Phone Number: _____

Medical Insurance:

Policy Holder's Name: _____ Policy I.D. Number: _____

Insurance Company Name: _____ Group Number: _____

Company Address: _____ Phone Number: _____

Please list any known allergies and the reaction to the allergen:

List any chronic or recurring illness or medical condition China Lake Camp should be aware of:

Additional health or behavior conditions or information camp personnel should be aware of:

Medications taken regularly:

Please list any dietary restrictions:

What have we forgotten to ask? Please list any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program:

***** Please attach a copy of the camper's Immunization Records****

as required by Maine State Law. This document **must** be presented no later than registration in order for the camper to be allowed to attend camp. It may be faxed directly to China Lake Camp at (207) 692-1017.

Consent and Release of Medical Information

This health history and other information are correct to the best of my knowledge, and the camper described herein has my permission to engage in all camp activities except where noted. I understand that in case of an emergency or illness, every effort will be made to contact me or the emergency contact person I have indicated.

I hereby give consent for any necessary treatment to be administered to _____.
For minor ailments while at camp, the camper may receive the appropriate dose of over-the-counter

medications (except for _____); to be administered by the camp nurse according to a physician's standing orders.

I hereby release China Lake Camp and any other associated organization from any and all liability arising in any way connected with medical care rendered to my child while at camp.

Parent Signature: _____ Date: _____