

**CHINA LAKE CAMP HEALTH FORM**

China Lake Camp, 255 Neck Road, China, ME 04358 - (207) 358-9594

**2022**

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, printing neatly.**

**Camper's Information:**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade last completed (as of June 2022): \_\_\_\_\_  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

Email Address: \_\_\_\_\_

Second parent/guardian or another emergency contact:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from above) Street Address City State Zip Code

Email Address: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not 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 ID 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: \_\_\_\_\_  
\_\_\_\_\_

If your child needs pain reliever, do you prefer Tylenol or Ibuprofen? Tylenol  Ibuprofen

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 camper check-in in order for the camper to be allowed to attend camp. It may be faxed to China Lake Camp at (207) 358-4633 or emailed to **director@chinalakecamp.org**.

### **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(s) 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, its staff, 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 \_\_\_\_\_