

EDINBORO UNIVERSITY SUMMER CAMPER INFORMATION

Camper's Name _____ Date of Birth _____
Street Address _____ Phone (_____) _____
City _____ State _____ Zip Code _____
Name of Camp _____ Date _____ to _____

PARENT OR GUARDIAN

Name _____ Home Phone (_____) _____
Street Address _____ Work Phone (_____) _____
City _____ State _____ Zip Code _____ Relationship to Camper _____

FAMILY INSURANCE INFORMATION

Insurance Company Name _____
Insurance Company Address _____
Policy Number _____ Agreement Number _____
Policy Holder Name _____ Relationship to Camper _____

EMERGENCY PHONE NUMBERS

In case of an emergency, please contact one of the following individuals to give consent to treatment.

1st Choice Name _____ Home (_____) _____ Work (_____) _____
2nd Choice Name _____ Home (_____) _____ Work (_____) _____

MEDICAL HISTORY OF CAMPER

- | | | |
|---|----|-----|
| 1. Any current medical problems? | NO | YES |
| 2. Had any recent injury requiring medical attention? | NO | YES |
| 3. Currently taking any medication(s)? | NO | YES |
| 4. Had any severe head or neck injuries? | NO | YES |
| 5. Had any major surgical operations? | NO | YES |
| 6. Had any chronic illness (epilepsy, diabetes, heart disease)? | NO | YES |
| 7. Any allergies to prescription and/or non-prescription medications? | NO | YES |

Please explain any "yes" answers _____

Date of Last Tetanus Immunization _____ Name of Family Physician _____



PARENTAL CONSENT TO MEDICAL TREATMENT

Please sign ONE of the following statements concerning the medical treatment of your child:

_____ In the event of **any illness or injury** to my child, I give the attending physician permission to administer treatment, while continuing to contact the parent, guardian or designated individual.

_____ In the event of a **minor illness or injury only** to my child, I give the attending physician permission to administer treatment.

_____ In the event of **any injury or illness** to my child, I do not give the attending physician permission to administer treatment until the parent, guardian or designated individual is contacted.