

## Medical Information

Please fill out all information on each line and do not write "same as other side." These forms will be separated prior to registration and the proper medical information is vital to ensuring the health and safety of all Water's Edge Summer Camp campers.

Male  Female

DOB: M \_\_\_ D \_\_\_ Y \_\_\_

Name of Camp Attending \_\_\_\_\_

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent/Legal Guardian: Full Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home #(\_\_\_\_\_) \_\_\_\_\_ Dad's Work#(\_\_\_\_\_) \_\_\_\_\_

Cell#(\_\_\_\_\_) \_\_\_\_\_ Mom's Work#(\_\_\_\_\_) \_\_\_\_\_

*If parent/legal guardian is not available in case of emergency contact:*

Daytime \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Night time \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Name of Policy Subscriber \_\_\_\_\_ Contract # \_\_\_\_\_

Overall Good Health  Recent illness/ injury  Chronic illness  Contagious disease

Convulsive Disorder  Other Behavioral or Medical concerns (list inside box)

Immunizations: (check if current)

Diphtheria  Hep B  Polio  Whooping Cough  M/M/R

Date of last Tetanus Booster \_\_\_\_\_

Medications: Name/ Dosage/ When Administered

(ALL meds must be in orig. container and turned in on arrival)

Allergies: \_\_\_\_\_  Other Information:  
(Please Attached Additional Sheet)

I authorize the Water's Edge Summer Camp Health Officer to render necessary routine first aid and medical care as required. In the event of an emergency, I give permission to the licensed physician chosen by the Water's Edge Camp to hospitalize, secure treatment, anesthesia, or surgery for the camper named on this form. I also give permission for the use of photographs and/or video including my son or daughter to be used in camp publicity.

SIGNATURE REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_

**Mail Registration and Non-Refundable Payment in Full to:**

**Water's Edge Camp  
4171 Woodland Dr. Howell, MI 48855  
(517) 546-9683**