

Emergency Information and Release Form



If your child should require medical attention at camp for injuries or illness contracted prior to coming to camp, please send us the information necessary to give your child proper medical attention during his/her stay at Sugar Pine Christian Camps.

Camper Name: (First)_____ (Last)_____

INSURANCE: Do you have health insurance? ☐ Yes ☐ No

Insurance Company: _____

Policy Number: _____ Phone: () _____

Primary Insured's Name: _____

EMERGENCY INFORMATION:

Physician: _____ Phone: () _____

HEALTH HISTORY:

- | | | | |
|---------------------------------------|---------------------------------------|---|--------------------------------------|
| <input type="radio"/> Drug Allergies | <input type="radio"/> Hay Fever | <input type="radio"/> Physical Disabilities | <input type="radio"/> Frequent Colds |
| <input type="radio"/> Insect Stings | <input type="radio"/> Other Allergies | <input type="radio"/> Diabetes | <input type="radio"/> Stomach Upset |
| <input type="radio"/> Heart Condition | <input type="radio"/> Chronic Asthma | <input type="radio"/> Food Allergies | <input type="radio"/> Epilepsy |

If any of the above are checked, please explain, including normal treatment: _____

Name and dosage of any medication that must be taken: _____

Any activity Restrictions? ☐ Yes ☐ No If "Yes", please explain: _____

Special needs? (Housing or Dietary) _____

Date of last Tetanus Shot: _____

MEDICAL RELEASE:

In the event I can not be reached in an emergency during the camp dates shown on the form, I hereby give my permission to the physician or dentist selected by Sugar Pine Christian Camps to hospitalize, secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the nurse on duty at Sugar Pine to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release, Sugar Pine Christian Camps does not provide any type of camper medical insurance.

Signature of parent or legal guardian: _____ Date: _____

Print Name: (First)_____ (Last)_____