



# CAMP LAEL Health and Release Form



*Staff Use Only:*

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\_\_\_\_\_ C

\_\_\_\_\_ Cabin

## Camper Information:

Camper Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

## Parent/Guardian 1 Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## Parent/ Guardian 2 Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## Emergency Contact:

In the event that named parents cannot be reached, the person to contact is: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Health and General History:

Will the camper be taking medication at camp? List the name and dosage (use back if necessary):

List any medical condition or history that will require special attention (use back if necessary):

List all known drug allergies: \_\_\_\_\_

List all known food allergies: \_\_\_\_\_

List all known environmental allergies: \_\_\_\_\_

## Health Insurance Information

Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

## Releases

I, the parent (guardian) of, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further agree that my child can receive over-the-counter remedies. (Tylenol, Sudafed, etc.) If you DO NOT want your child to receive over-the-counter medications, please initial here: \_\_\_\_\_

Please sign the appropriate line: I give Camp Lael and its employees the right to photograph or video my dependent and use the digital reproduction of him/her for publication, whether electronic, print, digital, or electronic publishing via the internet.

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_