Camp Lael
2062 Ferns Road
Lapeer, MI 48446
800-636-8452

Camp Registered:

Camp Name _____ Date of Camp _____

Camper Name (Last) _____ (First)_____ (Middle Init.)_____

Address _____ City _____ State ____ Zip _____

Male _____

Birthdate ___/___/___ Age _____ Female _____ Grade in fall _____

Emergency and Health Information

Authorized Person:

Mother _____Home ( )_____ Work ( ) _____

Father_____Home ( ) _____Work ( ) _____

Work ( ) _____

Emergency Contact _____ Home ( ) _____

Health History

Is this camper taking any prescription medication _____ If so, what? _____

Any chronic or recurring illness or medical condition _____ If so, what? _____

Any current diseases or conditions to be noted? _____ _____

Allergies	**Health**	**Immunizations**
Poison ivy	Frequent ear infections	Check if up to date
Hay Fever/Asthma/Wheezing	Heart defect/disease	☐ Polio
Insect stings	Convulsions	☐ MMR
Penicillin	Diabetes	☐ DPT
Other drugs	Bleeding/clotting disorder	☐ Hepatitis B
Dietary restrictions (explain & indicate alternative diet)	Hypertension	Tetanus Date of last Booster M____Y_____
	Epilepsy	☐ Varicella (Chickenpox)
Other concerns:	Developmental disorder:	

Name of dentist or orthodontist _____ Phone (____)_____

Name of family physician _____ Phone (____)_____

Medical/hospital insurance? Yes ____ No ____ Carrier _____Which parent_____

Policy # _____Group # _____Employer _____

Additional health-related information for camp personnel_____

_____

The above information is correct to the best of my knowledge. He/she has my permission to engage in all camp activities. I hereby give permission to the medical personnel selected by Camp Lael to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the doctor selected by the camp director to secure and administer treatment, including hospitalization, for my above-named child. I also give my permission to the Camp Lael health officer to give routine, non-surgical treatment.

Signature of parent/authorized person _____ Date _____

I understand and agree to abide by all the camp policies and any restrictions my parent/authorized person has stated.

Camper's signature _____ Date _____