

Camp Allegro
HEALTH FORM IN CASE OF AN EMERGENCY

Child's Name _____ D.O.B. _____

Mother's Name _____ Home Phone _____

Work Phone _____ Ext. _____ Cell Phone _____

Father's Name _____ Home Phone _____

Work Phone _____ Ext. _____ Cell Phone _____

Person to contact if parent is unavailable:

_____ Relationship _____

Home Phone _____ Other Phone _____

Doctor's Name _____ Office Phone _____

Insurance Company _____ Insurance ID# _____

Date of Last Physical Examination _____ Blood Type _____

Date of Last Tetanus Shot _____ Glasses or Contact Lenses _____

Medication(s) regularly taken _____

Please list any unusual health conditions, allergies to food, stings, medications, etc.

List any history of serious illnesses, injuries and/or surgeries with dates _____

PARENTS, please read and sign the following statement: I hereby agree that emergency medical personnel may administer any necessary treatment in case of emergency and/or refer patient to the nearest clinic or hospital for treatment.

Parent(s) Signature _____ Date _____