EDINBORO UNIVERSITY SUMMER CAMPER INFORMATION

Camper's Name ______________________________ Date of Birth __________

Street Address ______________________________ Phone (_____) __________

City __________ State _____ Zip Code __________ Social Security No. __________

Name of Camp ______________________________ Date __________ to __________

PARENT OR GUARDIAN

Name ______________________________ Home Phone (_____) __________

Street Address ______________________________ Work Phone (_____) __________

City __________ State _____ Zip Code __________ Relationship to Camper __________

FAMILY INSURANCE INFORMATION

Insurance Company Name ______________________________

Insurance Company Address ______________________________

Policy Number ______________________________ Agreement Number __________

Policy Holder Name ______________________________ Relationship to Camper __________

EMERGENCY PHONE NUMBERS

In case of an emergency, please contact one of the following individuals to give consent to treatment.

1st Choice Name ______________________ Home (_____) __________ Work (_____) __________

2nd Choice Name ______________________ Home (_____) __________ Work (_____) __________

MEDICAL HISTORY OF CAMPER

1. Any current medical problems?	NO	YES
2. Had any recent injury requiring medical attention?	NO	YES
3. Currently taking any medication(s)?	NO	YES
4. Had any severe head or neck injuries?	NO	YES
5. Had any major surgical operations?	NO	YES
6. Had any chronic illness (epilepsy, diabetes, heart disease)?	NO	YES
7. Any allergies to prescription and/or non-prescription medications?	NO	YES

Please explain any "yes" answers ______________________________

____

Date of Last Tetanus Immunization __________ Name of Family Physician __________

PARENTAL CONSENT TO MEDICAL TREATMENT

Please sign ONE of the following statements concerning the medical treatment of your child:

__________ In the event of **any illness or injury** to my child, I give the attending physician permission to administer treatment, while continuing to contact the parent, guardian or designated individual.

__________ In the event of a **minor illness or injury only** to my child, I give the attending physician permission to administer treatment.

__________ In the event of **any injury or illness** to my child, I do not give the attending physician permission to administer treatment until the parent, guardian or designated individual is contacted.

PLEASE SUBMIT 3 COPIES OF THIS FORM