THIS FORM MUST BE COMPLETED BY ALL ATTENDING CAMP!

Medical Form for Campers Attending KIDS CAMP July 12-15, 2027, at Lake Tiak O'Khata

The Information on this form is not part of the camper acceptance process but is gathered to assist us in identifying appropriate care. This Medical Form must be filled out by parents/guardians of minors. Updated information is required annually. (Please Print Information)

Name _____ Birth Date _____ / _____/ _____ Age at Camp _____
Last First M.I.

Home Address _____
Street Address City State Zip Code

Social Security Number of Participant _____ - _____ - _____ Gender: ☐ Male ☐ Female

Parent/Guardian _____ Phone ( ) _____ - _____

Home Address _____
(If different from above.) Street Address City State Zip Code

Additional Contact No. ( ) _____ - _____ Business Phone ( ) _____ - _____ Ext _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name _____ Phone ( ) _____ - _____

Relationship to Camper _____

Address _____
Street Address City State Zip Code

INSURANCE INFORMATION:

Is the Participant Covered by Family Medical/Hospital Insurance? ☐ Yes ☐ No

If so, Indicate Carrier or Plan Name _____ Group # _____

- **A photocopy of the Health Insurance Card (front & back) must be attached to this form.**

- **Important – These boxes must be signed to attend camp!**

Parent/Guardian Authorization: This Medical Form is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, and insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.	In the event I cannot be reached in an emergency, I hereby give permission to the camp medical staff, camp administrators, and physicians selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I hereby release the camp and staff from any and all liability for any actions taken by them pursuant to this authorization. Signature of Parent/Guardian or Adult Camper/Staff _____ Date ____ / ____ / ____
I also understand and agree to abide by any restrictions placed on my participation in camp activities. Signature of Camper _____ Date ____ / ____ / ____	