

MEDICAL INFORMATION LOG

****PLEASE ATTACH A COPY OF INSURANCE CARD, BOTH SIDES**

Campers Name: _____ Age: _____

Shirt Size: Youth _____ or Adult _____ Male: _____ Female: _____

DOB _____

Medical Issues:

Allergies: _____

Medications: _____

I _____ give consent for camp staff to administer Tylenol, Motrin, Tums, or Benadryl as considered necessary to _____

Guardian signature: _____ Date: _____

In Case of Emergency Notify: _____

Phone #: _____

Relationship: _____

2nd Contact

Name: _____

Phone #: _____

Relationship: _____

Insurance Information:

Company: _____

Policy # _____ Policy Holder: _____

Phone # _____

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