



# Health Information

Immunizations (please confirm date) and any known allergies or other pertinent information (check all that apply):

DPT                       Hay Fever                       Heart Ailments                       Measles  
 Polio                       Asthma                       Sleep Walking                       Mumps  
 Tetanus                       Insect Stings                       Bed Wetting                       Chicken Pox

If others, please name: \_\_\_\_\_

Food Allergies:                       Peanuts                       Wheat                       Other

If others, please name: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Physical/Mental Limitations: \_\_\_\_\_

List ALL medications camper will bring to camp. Please bring prescription bottles to camp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please detail any special dietary or other restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance: Your Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Note:** Camp Pee Dee Retreat Center provides secondary accident/sickness coverage. Your insurance (if any) will be the primary coverage. Our policy pays the difference between your bill and what is covered by your insurance (to the limits of the secondary policy).

General Information: Is there anyone legally restricted from seeing the camper? If so, please specify below.

\_\_\_\_\_

## Parent/Guardian Authorization:

I, \_\_\_\_\_, hereby certify that this registration information is correct. I give permission for the use of photography including my child in camp publicity. I give permission for the release of medical records in case of an emergency, injury or illness. I understand that in the case of an emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named herein. If the camper is signed up for a camp that may travel off Camp Pee Retreat Center grounds, I give permission for said camper to be able to travel.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_