

MEDICAL INFORMATION FORM

Lackawanna College Environmental Education Center

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NAME OF CAMPER: _____ NAME & DATE OF CAMP _____

AGE: _____ DOB: _____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Custodial Parent/Guardian: _____ (relationship) _____

Home Phone: _____ Work Phone: _____

2nd Parent/Guardian or Emergency Contact: _____ (relationship) _____

Home Phone: _____ Work Phone: _____

INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes No

Health Insurance Carrier/Plan: _____ Group #: _____

HEALTH HISTORY

Allergies: List all known allergies and describe reactions. (food, medication, other)

Medications: List all medications taken regularly, include name of medication and reason for taking.

Restrictions: List any dietary, physical or other restrictions that may impact participation in activities at camp.

Other Information: Provide any additional information about the camper's behavior or physical, emotional or mental health about which we should be aware. TSS's and IEP reports are welcome.

Parent / Guardian Authorizations

This health history is correct and complete as far as I know, and the person described herein has permission to participate 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 care for the person named above. I agree to the release of any records necessary for treatment, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. I understand that I am the primary carrier of health/accident insurance and am responsible for all medical costs incurred as a result of an accident or injury incurred while attending Lackawanna College Environmental Education Center's Day Camp.

Signature of parent/guardian: _____

Printed name: _____ Date: _____

RELEASE OF LIABILITY

The undersigned parent/guardian of the camper being registered for his/her part and on behalf of the Camper hereby revise, release quit claim and hold harmless Lackawanna College, its agents, servants and employees of and from any claim, liabilities, actions or courses of action which arise in connection with attendance at Lackawanna College Environmental Education Center (LCEEC) Day Camp and which is not the direct result of the negligence of Lackawanna College, its agents, servants or employees.

My son/daughter (name), _____, has permission to participate fully in all camp activities.

SIGNATURE: _____

RELATIONSHIP TO CAMPER: _____

DATE: _____

LCEEC has my permission to use photos and or video of my child in promotional and educational literature.
_____ (initial here)

Will camper be picked up by anyone other than the parents designated on the medical/information form?
Please list all names and relationship below:

Please return to:
LCEEC
93 MacKenzie Rd.
Covington Twp. PA 18444