



## SRYC Summer Camp Medical Form

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 (1 form per child please)

Parent Contact Information:

Contact #1 Name and Number: \_\_\_\_\_

Contact #2 Name and Number: \_\_\_\_\_

Emergency Contact if Parent cannot be reached:

Contact #1 Name and Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Insurance information:

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy holder's Name (Parent/Gaurdian) \_\_\_\_\_

Medical Information:

Medications presently taking:

Prescription \_\_\_\_\_ Non Prescription \_\_\_\_\_

I give my child permission to self administer their prescription medication (circle): Y N Initial \_\_\_\_\_

I give my child permission to self administer their non prescription medication: Y N Initial \_\_\_\_\_

My child is aware that they may not share any medication with other campers.

Camper signature: \_\_\_\_\_

Initial if you approve of appropriate administration of the following medicines by camp director:

Tylenol (initial) \_\_\_\_\_ Benadryl (initial) \_\_\_\_\_ Tums (initial) \_\_\_\_\_

**Allergies**

Allergic to:	Medication prescribed:
Special Instructions:	

Pre-existing conditions: Does your child have any injuries or conditions that presently exist that would limit her from camp activities? Y N

If yes, describe \_\_\_\_\_

Has your child had any hospitalizations, sports or orthopedic (muscle, joint, etc) injury within the past year ?

Y N If yes, describe \_\_\_\_\_

Has your child been diagnosed with any other significant chronic illness (diabetes, heart, epilepsy, etc?) Y N

If yes, describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Medical Emergency Center: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I acknowledge that participation in Solid Rock Youth Center (SRYC) camps has an inherent risk. The child named above has my permission to participate in the designated SRYC summer camp. I understand that camp participation will involve significant physical activity which could result in injury. I certify that my child is in good physical condition and is fully able to participate. I assume all risk incidents to my child's participation and release SRYC, its employees, agents offices and volunteers from all liability, claim, expenses and actions which may arise from injury or harm to the child as a result of camp participation. In the event of a medical emergency, I authorize SRYC to designate a hospital, physician or emergency personnel to provide care (including hospitalization, if necessary) to the child and release SRYC from any liability for injury or harm which to the child which may result from this medical care. I understand that responsibility for payment of such care medical care will be mine and certify that the child is covered by adequate medical care.

Signed \_\_\_\_\_ (parent or guardian) Date \_\_\_\_\_