

**INDIVIDUAL  
MEDICAL CARE FORM  
WINTER WEEKENDS 2023**

**Complete this form and return to your group leader accompanying you to the WINTER WEEKEND Please write so it can be read.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Sex: M F Grade \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE NUMBER:** \_\_\_\_\_

Name of Group Leader \_\_\_\_\_

**Please explain here if there are any special medical, allergy, or physical needs that we should be aware of during the WINTER WEEKEND:**

**I GIVE MY PERMISSION FOR MY FAMILY MEMBER LISTED ABOVE TO HAVE ROUTINE NON-SURGICAL MEDICAL TREATMENT AT THIS EVENT.**

Parent/Guardian \_\_\_\_\_

Signature

Parent/Guardian printed name: \_\_\_\_\_

**PLEASE DO NOT MAIL THIS FORM TO THE CAMP. YOUR YOUTH LEADER OR ADULT CHAPERONE SHOULD HOLD ON TO THIS FORM DURING THE EVENT**