



CAMP LAEL Health and Release Form



Staff Use Only:
 _____ K
 _____ L
 _____ C
 _____ Cabin

3/2023

Camper Information:

Camper Name: _____

Sex: _____ Birthday: _____ Age: _____ Last Grade Completed: _____

Parent/Guardian 1 Information:

Name: _____

Address: _____ City _____ State _____ Zip: _____

Cell Phone: (____) _____ Home Phone: (____) _____ Work Phone: (____) _____

Parent/Guardian 2 Information:

Name: _____

Address: _____ City _____ State _____ Zip: _____

Cell Phone: (____) _____ Home Phone: (____) _____ Work Phone: (____) _____

Emergency Contact:

In the event that named parents cannot be reached, the person to contact is: _____

Relation to Camper: _____ Phone Number: _____

Health and General History:

Will the camper be taking medication at camp? List the name and dosage (use back if necessary):

List any medical condition or history that will require special attention (use back if necessary):

List all known drug allergies: _____

List all known food allergies: _____

List all known environmental allergies: _____

Health Insurance Information

Carrier Name: _____ Policy Number: _____

Policy Holder: _____ Policy Holder Date of Birth: _____

Releases

I, the parent (guardian) of, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further agree that my child can receive over-the-counter remedies. (Tylenol, Sudafed, etc.) If you DO NOT want your child to receive over-the-counter medications, please initial here: _____

Please sign the appropriate line: I give Camp Lael and its employees the right to photograph or video my dependent and use the digital reproduction of him/her for publication, whether electronic, print, digital, or electronic publishing via the internet.

_____ YES

_____ NO

Date: _____ Parent/Guardian Signature _____