

CAMP JUDSON SUMMER 2012 CAMPER MEDICAL FORM AND PHOTO RELEASE

Camp Attending: _____ Camp Date: _____

MEDICAL FORM

Name _____ Birth date _____ M ___ F ___ REG # _____

Address _____ CABIN # _____

City _____ State _____ Zip _____

Parent(s) _____ H Phone _____ W Phone _____

2nd Parent/Emergency Contact _____ H Phone _____ W Phone _____

Medical Insurance _____ Policy / Group No _____ Phone _____

Family Dr _____ Phone _____ Polio Vaccination? Y ___ N ___

Tetanus Shot? (date) _____ Allergies? _____

Activity Restrictions _____

Regular Medications _____

Recent Recurring/Chronic Illness, or Injuries (date) _____

Special Need (Please include separate cover sheet) _____

RELEASE & EMERGENCY AUTHORIZATION: *With the understanding that the adult leaders of camp have taken every reasonable precaution in preparing and planning every activity to ensure the safety of the above mentioned camper, I hereby release all leaders and the camp from liability due to any accidents which may occur on or off Camp Judson property. I agree to releasing any health concerns (re: bee sting , plant allergies, or any other potentially life threatening allergy) to my child's counselor. Should emergency medical treatment be necessary, I authorize the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize and to secure proper treatment for my child as named above. (This form may be photocopied.)*

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

PHOTO RELEASE

I hereby consent to and authorize the reproduction, publication and use by Camp Judson, and their successors and assignees, for advertising, commercial, or any other purpose, of any photographs, picture, video, audio, or likeness of my child.

Signature Parent/Guardian: _____ Date: _____

Print Name: _____

**Please complete and mail this medical and photo release form to:
Camp Judson, 398 Holliday Rd, North Springfield, PA 16430-1208.**