

**SODOM MOUNTAIN SUMMER FUN CLUB CAMP
INFORMATION & MEDICAL FORM**

This entire form must be completed and brought to camp.

PART ONE

Birth Date _____

Sex _____

Camper's Name _____

Home Address _____

City _____

State _____

Zip Code _____

Parent/ Guardian Name _____

Home Phone () _____ Business Phone () _____

Please provide a phone # you may be reached at during camp hours. () _____

If not available, in an EMERGENCY contact:

Name _____ () _____

PART TWO

Basic Medical Information:

Allergies: food, medicines, insects, plants Yes No explain _____

Asthma: Yes No **Diabetes:** Yes No **Seizures:** Yes No

Behavior Issues: Yes No explain _____

Is your child currently taking any prescribed medications? _____

Dietary modifications while at camp? _____

Sunscreen: Please make sure a coat of sunscreen is applied before arrival to camp. Bring sunscreen with you to apply through the day by a camp buddy or yourself. Counselors are not allowed to apply sunscreen to campers.

Immunizations: All immunizations must be up to date. A copy of immunization record must accompany this form before your child can attend camp.

Date of last physical: _____

Physician's Name: _____ **Phone #** _____

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the selected adult leader in charge to secure proper treatment.

Date _____ **Signature of parent/guardian or adult** _____

PART THREE

Please provide below the names of people who will be signing your child in and out. Your child will not be released to anyone not listed below without written consent.

Name _____ **Name** _____

Name _____ **Name** _____

Parent/Guardian Signature _____ **Date** _____