



Medical waiver

Camper's Name: _____

Age: _____ Date of Birth: _____

Home Phone: _____

Work Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Date _____

Parent/Guardian Signature _____

Address: _____

City: _____ State: _____ Zip: _____

List briefly and state any medical condition that would be of help in treating your son or daughter:

List any allergies and/or medications currently taken:

Health Insurance Company: _____

Insurance Agreement Number: _____

Group Number: _____

Comments: _____