

Medical Release & Insurance

All campers must have their own medical insurance coverage.
Campers will not be allowed to participate in camp without having a parent or legal guardian completing this form.

Personal Info

| | | |
|--|---------------------|-------------------------------------|
| Camper's Last Name | Camper's First Name | T-shirt Size |
| Are there any known allergies? | YES NO | If yes, specify: |
| Are there any current injuries? | YES NO | If yes, specify: |
| If the camper currently requires any special taping, please explain: | | |
| Is the camper currently taking any medications? | YES NO | If yes, please list names & dosage: |

Insurance & Physician Info

| | |
|----------------------------------|---------------------------|
| Insurance Company Name: | Policy Number: |
| Camper's Primary care Physician: | Physician's Phone Number: |

Emergency Contact Info

| | | |
|-------|---------------|---------------------|
| Name: | Phone Number: | Relation to Camper: |
| Name: | Phone Number: | Relation to Camper: |

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give my permission for my child to be treated by a licensed physician or member of the camp staff for any injury, accident, illness or other medical emergency. I further agree to pay through my insurance company or otherwise for all costs associated with treatment.

Parent/Guardian Signature

Date

Transportation

Camp is located at Camp Lazarus - Boy Scout's Camp - 4422 Columbus Pike, Delaware, OH 43015. Therefore, parents will need to transport their child to camp. If transportation is an issue, please reach out to Coach Dewese.