

## 2012 Health and Insurance

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Insurance Information Provider \_\_\_\_\_

Policy  
Number \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_

Phone \_\_\_\_\_ Mo/Yr of Last Physical Exam \_\_\_\_\_

Year of Last Tetanus \_\_\_\_\_

Describe any allergy, physical or medical condition requiring special consideration.

---

---

---

---

In case we cannot be reached, I hereby give my permission to Christian Harbor Youth Camp to secure proper treatment, transportation, hospitalization, anesthesia, surgery, and/or medication if deemed necessary by trained medical personnel.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT SEND TO CAMP!**

**Bring this form to registration on the first day of camp.**