

Camper Name: _____ **Church:** _____

MEDICAL INFORMATION

I agree not to permit applicant to go to camp if he/she has been exposed to any contagious or infectious disease during three weeks prior to the opening day of camp.
I agree to assume the obligation of doctor's bill, telephone calls, or any other expense relating to an emergency not covered by the camp's insurance plan.
I agree to let camper have medical treatment recommended by camp nurse and/or doctor selected by camp.

Benadryl – Dosage (Adult or Child) without notifying me.

Parents,

*****Please do not send OTC medicine, we provide it as needed.*****

Emergency contact information only needs to be filled out on Camper Information Form.