

Camp Laurelwood 2019

Please complete this form for each daughter who will be attending camp.

Questions? Email camplaurelwood2019@gmail.com

Registration Form

Name of camper: _____

Address: _____

City: _____

State/Zip: _____

Telephone: _____

School: _____

Age: _____ Date of birth: _____ Grade level September 2019: _____

Parent's email: _____

Cost: \$150 for first daughter (\$50 per additional child; \$250 family max.)

\$25 discount if applying before May 1.

Authorization for Emergency Care and Medical Information

Please print clearly.

Camper's name: _____

Parent(s)/Guardian(s) name(s): _____

Authorization:

If an emergency arises while my daughter is at Camp Applewood, I, _____, direct the Camp Applewood staff to try to contact me.

If I cannot be reached in the case of an emergency, Rose Marie McCabe or her designee is

directed to seek emergency care for my daughter, _____, at the nearest medical or hospital facility.

Signature of Parent/Guardian

Phone no(s): _____ Date: _____

Second Parent or Emergency Contact: _____

Phone: _____

Health History (please check all that apply):

Allergies___ Frequent ear infections ___ Chicken Pox ___ Hay Fever___ Heart Defect/Disease ___ Measles ___ Ivy poisoning, etc. ___ Epilepsy or Convulsions ___ German Measles ___ Insect Stings ___ Diabetes ___ Mumps ___ Penicillin ___ Bleeding/Clotting Disorder___ Mononucleosis ___ Other Drugs ___ Hypertension ___ Asthma ___ Anorexia/Bulimia ___ Nervous Disorders___ Other (Specify) _____

Date of last DPT: _____ Date of last TB test: _____ result: _____

Operations or serious injuries (please include dates): _____

Chronic or recurring illness or medical condition:

Current Medical Condition:

Doctor's Name: _____ Phone: _____

Currently under the care of a physician for the following condition(s): _____

May aspirin/non-aspirin substitute be administered? _____

Any dietary restrictions: _____

Any allergies (food, drugs, plants, insects, etc.):

Activities to be encouraged or limited: _____

Suggestions or additional health related information for program staff: _____

Insurance Information:

Insurance carrier: _____ ID #: _____

Group # _____

Carrier address and phone:

Permission to Photograph

I, _____, parent of _____,
give my permission to the Laurelwood staff to take photographs or videos of my daughter
to be used in future Laurelwood promotions.

Parent signature: _____

Date: _____