

CAMP BRAVO REGISTRATION & HEALTH FORM

TEACHERS WEEKEND RETREAT

MEMORIAL DAY WEEKEND - FRIDAY MAY 23 - MONDAY MAY 26, 2008

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ GENDER _____

SCHOOL _____

WORK PHONE _____ WORK HOURS _____

E-MAIL _____

IN AN EMERGENCY NOTIFY _____

RELATIONSHIP _____ PHONE _____

ADDRESS (if different than above) _____

FAMILY DOCTOR _____ PHONE _____

Bravo makes final confirmation calls 2 weeks prior to camp. Would you prefer we contact you by:

E-MAIL PHONE

How did you hear about us? _____

Housing is double occupancy. If you are attending with any friends that you would like to room with please list here:

YES. I want information about college credit.

HEALTH HISTORY

Names of medicine currently being taken _____

Dosage _____

interval of administration _____

Is applicant currently under physician's care? _____

Date of last Tetanus Booster _____

Continued on other side

Do you have any special dietary needs? _____

Do you have allergic reaction to? Bee Stings _____ Drugs _____ Foods _____ Other _____

If yes, please explain _____

Do you have any physical restrictions? _____

Do you have any other recurring medical condition? _____

Please list any pertinent medical / health information (ie: asthma, heart disease, surgery...)

INSURANCE INFORMATION

de Benneville Pines Camp requires that everyone is covered by medical insurance. Please provide the following information.

INSURANCE CARRIER _____

POLICY NUMBER _____

ADDRESS _____

PHONE _____

This health history is correct and complete as far as I know, and the person herein described can engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medication and seek emergency medical treatment. I agree to release of any records necessary for treatment, referral, billing or insurance for insurance purposes.

IN CASE OF EMERGENCY, I hereby give permission to the hospital, physician or dentist to provide proper emergency treatment: this includes but is not limited to the administration of injections, anesthesia, and/or emergency surgery as deemed necessary by my condition. This completed medical form may be photocopies for trips out of camp.

SIGNATURE _____ DATE _____

