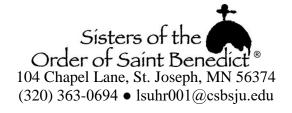
3g Girls, God and Good Times Camp

Insurance and Health Information Form

Please print clearly and fill out completely. All questions must be answered.

Name	Current Grade Date of Birth
Last, First and Middle Initial	
School	
Emergeno	cy Information:
Name of Contact	Phone ()
Address City	Phone () State Zip
Relationship Parent's Names	
Alternate Contact	Phone ()
Family Physician or Clinic	Phone () State Zip
Address City	State Zip
Insuranc	e Information:
Company Name	Policy #
	Group #
Are you an HMO? \square Yes \square No	s pre-authorization required? Yes No
Insurance Address City _	State Zip
$\hfill\Box$ Check here if you do not have insurance. Please	e see medical waiver. Signature Date
If your child is injured, which mode of transportation	would you prefer?
\Box Call ambulance \Box I will come to get my child.	
Camper has or is subject to: (check all that apply)	
☐ Asthma ☐ Convulsions ☐ Fainting Spells ☐ I	Diabetes ☐ Heart Trouble
☐ Other (list):	
. ,	
Camper has allergies or reactions to: (check all that a	pply)
□ Drugs □ Penicillin □ Aspirin □ Tetanus Anti	toxin □ Latex □ Tetanus Toxoid
☐ Other (list):	
Date of last tetanus shot (required):Foods: (list)	
☐ Hay Fever ☐ Ivy, Oak and/or Sumac Poisoning	

Please print clearly and fill out completely. All questions	s must be answered.
Does camper possess any medications? ☐ Yes ☐ No Name all medications camper is currently taking:	
Permission for nurse to administer as needed:	
Ibuprofen □ Yes □ No	Jr. Tylenol (Ages 6–11) □ Yes □ No
Extra Strength Tylenol (500 mg) □ Yes □ No	Pepto Bismol Tablets (Chewable) ☐ Yes ☐ No
Tylenol Regular Strength (325 mg) □ Yes □ No	Tums □ Yes □ No
Note: We will have topical antibiotic ointment and anti-it medications (prescription, as well as over-the-counter) w prescribed/need.	1 1
List any specific activities to be restricted:	
When water specific activities are part of the schedule, m present):	y child may participate (with a certified lifeguard
Swimming □ Yes □ No	
May dive off the diving board □ Yes □ No	
May jump off the diving board ☐ Yes ☐ No	
May swim in deep water \square Yes \square No (Lifeguard requires	res a swim test by campers at the start of the swimming
Email Address (for camp correspondence):	
Parent Authorization The health history listed above is correct as far as I know in all program activities, including transportation to and f supervision will be provided. If serious illness or injury d members for the activity are not responsible in case of act of medical emergency I will be notified. In the event that attending physician to hospitalize, secure treatment for an amed above.	rom, at this event except as noted. I understand that adultive evelops, medical and/or hospital care will be given. Stafficidental injury or illness. I further understand that in case I cannot be reached, I herby give my permission to the
Signature of Parent/Guardian	Date
Sionature	Date



Date of Approval

Laura Suhr, OSB, Assistant Camp Director