

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 _____

Emergency Information:

Name of Contact _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Parent's Names _____
Alternate Contact _____ Phone () _____
Family Physician or Clinic _____ Phone () _____
Address _____ City _____ State _____ Zip _____

Insurance Information:

Company Name _____ Policy # _____
Group # _____

Are you an HMO? Yes No Is pre-authorization required? Yes No
Insurance Address _____ City _____ State _____ Zip _____

Check here if you do not have insurance. Please see medical waiver. Signature _____ Date _____

If your child is injured, which mode of transportation would you prefer?

Call ambulance I will come to get my child.

Camper has or is subject to: (check all that apply)

Asthma Convulsions Fainting Spells Diabetes Heart Trouble

Other (list): _____

Camper has allergies or reactions to: (check all that apply)

Drugs Penicillin Aspirin Tetanus Antitoxin Latex Tetanus Toxoid

Other (list): _____

Date of last tetanus shot (required): _____

Foods: (list) _____

Hay Fever Ivy, Oak and/or Sumac Poisoning Insect Bites

Please continue on page 2

Please print clearly and fill out completely. **All questions 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-itch spray available as needed. On check-in day, all medications (prescription, as well as over-the-counter) will be collected by the camp nurse to administer as prescribed/need.

List any specific activities to be restricted: _____

When water specific activities are part of the schedule, my child may participate (with a certified lifeguard present):

Swimming Yes No

May dive off the diving board Yes No

May jump off the diving board Yes No

May swim in deep water Yes No (Lifeguard requires a swim test by campers at the start of the swimming session).

Email Address (for camp correspondence): _____

Parent Authorization


The health history listed above is correct as far as I know; the above named member has my permission to engage in all program activities, including transportation to and from, at this event except as noted. I understand that adult supervision will be provided. If serious illness or injury develops, medical and/or hospital care will be given. Staff members for the activity are not responsible in case of accidental injury or illness. I further understand that in case of medical emergency I will be notified. In the event that I cannot be reached, I hereby give my permission to the attending physician to hospitalize, secure treatment for and to order injection, anesthesia or surgery for the child named above.

Signature of Parent/Guardian _____ Date _____

Signature _____ Date _____

Laura Suhr, OSB, Assistant Camp Director

Date of Approval


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