

## 2008 ERC Youth Emergency/Health Form

### Camper Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade this fall \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail address \_\_\_\_\_

### Contact Information

Parent/guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Emergency Contact Person #1 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Emergency Contact Person #2 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell \_\_\_\_\_

### Health Insurance Information

Insurance company name \_\_\_\_\_  
Policyholder' name \_\_\_\_\_ Effective Date of Policy \_\_\_\_\_  
Policy number \_\_\_\_\_ Group Number \_\_\_\_\_  
Policyholder's employer (if group policy) \_\_\_\_\_

### Health History

Allergies \_\_\_\_\_  
Camper is subject to: ear infections \_\_\_\_\_ diabetes \_\_\_\_\_ asthma \_\_\_\_\_ other \_\_\_\_\_  
Immunizations: Tetanus \_\_\_/\_\_\_/\_\_\_ DPT \_\_\_/\_\_\_/\_\_\_ Polio \_\_\_/\_\_\_/\_\_\_ Measles \_\_\_/\_\_\_/\_\_\_ Other \_\_\_/\_\_\_/\_\_\_  
Medications (all medication must be deposited with the Nurse) \_\_\_\_\_

Special Needs or Limitations \_\_\_\_\_  
\_\_\_\_\_

### Release Information

Estimated date and time of departure \_\_\_\_\_  
Your child will be waiting for you at the dorms with a counselor. Who is the child to be released to?  
\_\_\_\_\_

Is there anyone who your child cannot be released to? \_\_\_\_\_

I give consent for routine, non surgical, emergency medical treatment of my child. I am aware that I will be notified immediately in the event that my child needs to be seen by a doctor.

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Parent/Guardian signature  
Rev.6/07

Date