



CAMPER HEALTH FORM

Legal Name: _____ Preferred: _____

School: _____

Date of Birth _____ Age: _____ Sex: _____

Parent/Guardian _____

Address: _____

Phone: (_____) _____ E-Mail Address: _____

Insurance Company: _____ Policy Number: _____

Work Address (father): _____ Phone Number: _____

Work Address (mother): _____ Phone Number: _____

In an emergency, contact:

1. Name: _____ 2. Name: _____

Relation: _____ Relation: _____

Phone: _____ Phone: _____

Known Health Issues: _____

Allergies/Restrictions: _____

PARENT AUTHORIZATION FOR EMERGENCIES

This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted on this form.

In the event of an **EMERGENCY**, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above.

SIGNATURE _____

DATE: _____

PARENT AUTHORIZATION FOR MEDIA

I give ACE permission to use my child's name and likeness in the promotional material including but not limited to the ACE website and other electronic media.

SIGNATURE _____

DATE: _____