

Medical Information and Consent Form

Camper Name: _____ Date of Birth: _____

Health Insurance Company: _____ Policy Number: _____

Physician's Name: _____ Physician's Phone: _____

Please explain any physical or medical concerns that Riverbend should be aware of:

1. Does your child have allergies? No Yes
If yes, please explain:

2. Is your child taking medications regularly? No Yes
If yes, please list:

3. Please list any emergency medication (epi-pen, inhaler, etc.) that your child will need to have at Riverbend:

4. Riverbend staff may give my child Benadryl and/or Tylenol as needed: No Yes

5. Emergency Contacts (please provide us with at least three people to contact in case of an emergency):

<u>Name</u>	<u>Relationship</u>	<u>Daytime Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Please explain any special learning needs your child may have:

7. Please list all people who are authorized to pick-up your child from camp:

8. Parental Consent:

Riverbend has my consent for my child to take part in all programs, both onsite and off (*you will be notified of any offsite programs before they occur*).

Riverbend has my consent to transport my child offsite via bus or van for any additional programming.

Riverbend has my consent to secure treatment by a local doctor or area hospital in the event of a medical emergency.

Riverbend has my consent to photograph or quote my child for marketing and public relations purposes.

I have read and understand all the information on the registration and information forms and agree to the conditions stated therein.

Date: _____ Relationship to Camper (parent/guardian): _____