

Medical Release & Insurance

All campers must have their own medical insurance coverage.
Campers will not be allowed to participate in camp without having a parent or legal guardian completing this form.

Personal Info

Camper's Last Name		Camper's First Name	T-shirt Size
Are there any known allergies?	YES NO	If yes, specify:	
Are there any current injuries?	YES NO	If yes, specify:	
If the camper currently requires any special taping, please explain:			
Is the camper currently taking any medications?	YES NO	If yes, please list names & dosage:	

Insurance & Physician Info

Insurance Company Name:	Policy Number:
Camper's Primary care Physician:	Physician's Phone Number:

Emergency Contact Info

Name:	Phone Number:	Relation to Camper:
Name:	Phone Number:	Relation to Camper:

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give my permission for my child to be treated by a licensed physician or member of the camp staff for any injury, accident, illness or other medical emergency. I further agree to pay through my insurance company or otherwise for all costs associated with treatment.

Parent/Guardian Signature

Date

Transportation

Camp is located at Camp Lazarus - Boy Scout's Camp - 4422 Columbus Pike, Delaware, OH 43015. Therefore, parents will need to transport their child to camp. If transportation is an issue, please reach out to Coach Dewese.