

*Camp Pollock Association Youth Camps*  
6778 Hwy 165 – Pollock, LA 71467  
(318)765-3661 (State Office) – (318)765-3328 (Camp)  
(318) 765-0017

**2019 YOUTH CAMP MEDICAL FORM**

**Camp:** \_\_\_\_\_ 4<sup>th</sup>-5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> -7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup>-9<sup>th</sup> \_\_\_\_\_ Senior High \_\_\_\_\_ Camper \_\_\_\_\_ Staff Member

**Date:** \_\_\_\_\_ Female \_\_\_\_\_ Male

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**INSURANCE/GENERAL HEALTH (Please include a copy of Insurance card)**

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Does your child have any allergies? If so, please list. \_\_\_\_\_

Does your child have any health and/or behavior concerns? If so, please describe. \_\_\_\_\_

Is medication needed or used at this time? Yes ( ) No ( ) If so, please explain. \_\_\_\_\_

*MEDS*

*REASON NEEDED*

*DOSAGE*

Date of last tetanus booster \_\_\_\_\_ (please don't leave blank)

**MEDICAL RELEASE STATEMENT:** I give my permission to the Director/Nurse to secure the service of a licensed physician to provide the care necessary, including anesthesia for my wellbeing.

**SIGNATURE** \_\_\_\_\_ (parent /guardian sign if minor)