

*Camp Pollock Association Youth Camps*  
6778 Hwy 165 – Pollock, LA 71467  
(318) 765-3661 (State Office) (318) 765-0017 (fax)  
(318) 715-1464 (State Office cell phone)  
**2021 YOUTH CAMP MEDICAL FORM**

Camp: \_\_\_\_\_ 4<sup>th</sup>-5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup>-7<sup>th</sup> \_\_\_\_\_ Senior High \_\_\_\_\_ 8<sup>th</sup>-9<sup>th</sup> \_\_\_\_\_ 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)