

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

2022 YOUTH CAMP STAFF MEDICAL FORM

Camp Attending: ___ 4th - 6th ___ 7th - 9th ___ 10th - 12th

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 # _____

Do you have any allergies? If so, please list. _____

Do you 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 _____