





## Medical Information

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's/ward's medical history

Medication Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication(s) currently being taken \_\_\_\_\_

—

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance ID number \_\_\_\_\_

Would your camper benefit from any programmatic accommodations? If so, please explain.



## Release of Camper to Non-Parent or Guardian

Please fill out this form if someone other than the custodial parent or guardian is to be picking the child up at the end of the camp day.

Camper's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Name of person(s) picking up the camper: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

List day(s) to be picked up: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

## Field Trip Permission Form

\_\_\_\_\_ has my permission to accompany the

\_\_\_\_\_ Summer Day Camp to

(Host congregation)

\_\_\_\_\_ during the week of \_\_\_\_\_

(Field Trip Location) (Dates)

The camper has permission to (ride or walk) to the field trip destination under the supervision of the Day Camp staff.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
Date