Immersion Island Health and Medical Form

PO Box 9332, Chapel Hill, NC 27515
Tel (919) 259-2843 Fax (919) 928-5140

Camper name _____
Last First Name called Date of Birth Sex

Home Address_____
Street address City Zip Phone number

In the event of an emergency, please contact_____ at _____(phone)

_____ (other phone) Relationship to him/her is _____.

Health Insurance Information
Company _____
Name of Policy Holder_____
Policy #_____

School camper attends: _____Immunizations up to date? _____

Description of any limitation or restriction on camp activities: _____

_____

_____

The applicant is under physician's care for the following conditions (please include treatment)_____

_____

_____

Medications taken (name, dosage, frequency)_____

_____

_____

Allergies _____

_____

Restricted diet? If yes, why? Other? _____

_____

Additional information _____

_____

_____

Permission to Provide Necessary Treatment or Emergency Care:

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to administer medications, order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation. I hereby give permission to the physician selected for me by the camp director to secure and administer treatment, including hospitalization.

_____

PARENT/ GUARDIAN Signature Printed Name Date

Please print and bring to camp.
Thank you!