

# GOOD COUNSEL CAMP

HEALTH CERTIFICATE FOR ADMITTANCE TO ATTEND CAMP SESSION(S)

C# \_\_\_\_\_

OCM \_\_\_\_\_

AM \_\_\_\_\_ Lunch \_\_\_\_\_

PM \_\_\_\_\_ CH \_\_\_\_\_

PLEASE PICK SESSIONS ATTENDING: SESSION #1 \_\_\_\_\_ 2WKS #2 \_\_\_\_\_ 1WK #3 \_\_\_\_\_ 2WKS #4 \_\_\_\_\_ 2WKS

## CAMPER AND PRIMARY CONTACT INFORMATION:

Name of Camper \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

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

Hm# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk \_\_\_\_\_

Email address \_\_\_\_\_

ALTERNATE CONTACT PERSON: \_\_\_\_\_ # \_\_\_\_\_

**Medication and non-prescription are NOT allowed in cabins.**

**All medication will be checked into the infirmary.**

**Please list any food or eating limitation camper may have:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Camper's may only have sunscreen, bug spray, Gold Bond powder in cabins**

Camper's Picture

### Medications

### Time

### Dosage

### Reason

Medications	Time	Dosage	Reason

## CAMPER MUST BE FREE OF ANY CONTAGIOUS CONDITIONS (LICE, NITS, SCABIES, ATHLETES FOOT, ETC)

DATE OF LAST TETANUS SHOT \_\_\_\_\_ LAST PHYSICAL EXAM DONE ON: \_\_\_\_\_

ACA(American Camp Association) accreditation standards specify physical exam within the last 12 months.

I have reviewed the Camper Health History and have discussed the camp program with the camper and parents/Guardian. It is my opinion that the camper is physically and emotionally fit to participate in all activities at camp without limitations.

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Office Phone # \_\_\_\_\_

**Please attach a copy of physical exam and insurance card.**

In the event of an accident or illness during camp that needs immediate treatment, I agree to have my child receive first aid &/or medical treatment, including life-saving treatments, as may be considered necessary by a licensed medical provider. I also authorize the transportation by ambulance if necessary to the nearest medical facility.

Insurance Co. Name \_\_\_\_\_ Policy # \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Print Name of Parent/Guardian \_\_\_\_\_

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Personally Known \_\_\_\_\_ or Identification \_\_\_\_\_

Notary Public

