

MEDICAL/EMERGENCY INFORMATION

This information is given to the camp nurse. Parent(s) please fill out and sign.

Mother's Name Phone #'s (Home) (Work) (Cell)

Father's Name Phone #'s (Home) (Work) (Cell)

Other Emergency Contact Phone #'s (Home) (Work) (Cell)

Physician Name Phone #'

Insurance Company & Policy # Camper SS# (For emergency use only; not kept in our database.)

Circle the following applicable allergies: Bee Sting Nuts Dairy Hay/Straw Other (please list):

Current Medications (please list):

Does your child have: Epilepsy/Seizures Yes/No Diabetes Yes/No Celiac Disease Yes/No Asthma Yes/No Epinephrine (EPI) Pen Yes/No Inhaler Y/N

Please list any other medical concerns:

Date of last Tetanus shot ___/___

Circle the appropriate over-the-counter medication(s) for the following conditions: Headache: Ibuprofen Tylenol Fever*: Ibuprofen Tylenol *Parents will be contacted if child has a fever >100.4 that lasts for more than 24 hours or that appears infectious.

Authorizations for My Child:

- I, the undersigned, hereby give my permission to Camp Cotubic to contact a physician, emergency squad, hospital, etc. in order to provide emergency care for my child and to provide routine medical care for the above named child should an emergency arise. I also give my consent to the camp staff to provide over the counter medication for my child. ___ Yes ___ No
- I, the undersigned, give my permission to the Camp Cotubic staff to use any pictures, videos, audio recordings in which my child may be present for promotional purposes. ___ Yes ___ No
- Understanding that an outdoor camping experience carries with it certain risks, I, the undersigned parent or legal guardian, do hereby agree to indemnify and hold harmless Cotubic Ministries, Inc., its Board of Directors, agents, and employees from all damages, judgments, expenses, attorney fees and claims arising out of personal injury sustained by the above named camper arising out any activity or program being conducted by "the camp" with the understanding that the laws of the State of Ohio govern additional acts classified as or found to be of gross negligence. ___ Yes ___ No *

Signed by parent or legal guardian: (*If no, some activity restrictions may apply for your child)

For Camp Nurse Use Only: Temp.: Ears: Head:

Specific Instructions: