

# PA DISTRICT CAMP, U.P.C.I. MEDICAL EMERGENCY FORM

A separate Medical Emergency Form must be completed for each applicant. This form should be submitted with your Registration Form.

**CAMPER IS REGISTERED WITH:** Jr. Camp  Sr. Camp  Hyphen Camp  Family Camp

**CAMPER'S PERSONAL INFORMATION (please print):**

Name \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_  
Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACTS (please print):**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**CAMPER'S PHYSICIAN/DENTIST INFORMATION (please print):**

Family Physician \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**CAMPER'S INSURANCE INFORMATION (please print):**

Do you have hospitalization insurance coverage? Yes  No  If you answered yes, please list your insurance company's name and policy number: \_\_\_\_\_

**CAMPER'S HEALTH INFORMATION (please print):**

Do you have any medication allergies, other allergies, medical conditions, or disabilities that require special attention?  
Yes  No  If you answered yes, please explain: \_\_\_\_\_

**SIGNATURES:**

**Camper's Signature (if you are 18 years of age or older):**

*"I authorize a camp nurse or staff member to make emergency medical care decisions on my behalf, including medical attention at a medical facility, if I am incapable of making an informed decision myself due to injury or illness."*

Camper \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent/Guardian Signature (for newborns through 17 years of age):**

*"I authorize the providing of medical services in the event my child becomes ill or injured. I also authorize medical attention at a medical facility if deemed necessary by a camp nurse or staff member."*

Name of Parent/Guardian (please print) \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

**LIST MEDICATIONS ON THE NEXT PAGE FOR:**

***All Jr. Campers (6-12 years of age)***  
***All Sr. Campers (12-17 years of age)***  
***All Hyphen Campers (high school graduates through 17 years of age)***

**THE FOLLOWING CAMPERS MUST TURN IN ALL MEDICATIONS AT REGISTRATION AND THE CAMP NURSE WILL ADMINISTER THEM AS NEEDED:**

*Jr. Campers (6-12 years of age) • Sr. Campers (12-17 years of age only) • Hyphen Campers (high school graduates through 17 years of age only)*

**LIST ALL MEDICATIONS, DOSAGES, AND TIMES MEDICINE SHOULD BE ADMINISTERED**

NAME OF CAMPER TAKING THESE MEDICATIONS (please print): \_\_\_\_\_

Name of Medication	Dosage and Times To Be Taken	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
		Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials	Time Admin-istered	Nurse's Initials
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