

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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