



Camp Unalayee

Emergency Contact Information & Medical Release

Parents: Fill out the emergency contact information, sign the medical release form and fill out the Camper Health History (on the reverse side).

Please complete one form per camper.

(This form does not have to be returned with your application. But, **we must receive it at least two weeks before your first camp session starts.**)

Emergency Contact Information

Camper Information				
Last Name			First Name	
Age		Birth Date	Gender	Boy <input type="checkbox"/> Girl <input type="checkbox"/>

Parent or Guardian Information				
Last Name			First Name	
Relationship				
Street Address			E-Mail Address	
State		Zip	City	
Work Phone			Home Phone	
Cell phone, pager, etc.			Fax	

Emergency Contact -- (Required)				
Last Name			First Name	
Home Phone			E-Mail Address	
Work Phone				
Cell phone, pager, etc.				

Second Parent or Guardian Information -- (If Needed)				
Last Name			First Name	
Relationship			E-Mail Address	
Street Address			City	
State		Zip	Home Phone	
Work Phone			Fax	
Cell phone, pager, etc.				

I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care; to administer over-the-counter and prescribed medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for trips out of camp. I acknowledge that the cost of a helicopter evacuation or extraordinary emergency fees may be borne by the camper's parent/guardian. I understand Parents, Guardians or emergency contact will be notified by a camp representative if a camper is required to be seen by a hospital or physician.

Parent or Guardian's Signature

Date

Note: Your child cannot attend camp until a parent or guardian returns this form, with a signed medical release, a Camper Health History form (page 2) and a signed Medical Exam form.

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Camp Unalayee Camper Health History

Name _____

Allergies:

Medication allergies (list)

Describe reaction and management of the reaction.

Food allergies (list)

Food Restrictions:

Does not eat: ___red meat ___ pork ___dairy products ___ seafood ___ eggs ___ other ___

Other allergies (list) -- Include insect stings, hay fever, asthma, etc.

Current Medications Being Taken:

Please list ALL current medications (including prescribed and over-the-counter) taken routinely. Keep them in the original bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication _____ or This person takes medication as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Describe the current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp _____

Describe any camp activities for which he/she should be exempt for health reasons: _____

Check if you have had any of the following: If checked, explain below

- | | |
|---|----------------------------------|
| ---- Frequent ear infections | ---- Heart defect |
| ---- Seizures | ---- Diabetes |
| ---- Hypertension | ---- Mononucleosis |
| ---- Chicken Pox | ---- Measles |
| ---- Back problems | ---- Chronic reoccurring illness |
| ---- Joint problems | ---- High Blood Pressure |
| ---- Infectious disease | ---- Hospitalized |
| ---- Surgery | ---- Frequent Headaches |
| ---- Head injury | ---- Skin problems |
| ---- Asthma | ---- Abnormal menstrual history |
| ---- Bedwetting | ---- Eating disorder |
| ---- Professional care for emotional difficulties | |

Immunization Record (date)

- | | |
|-------------|-------|
| Tetanus | _____ |
| Hepatitis B | _____ |
| TB | _____ |
| MMR | _____ |
| DTP | _____ |
| Chicken pox | _____ |

(Please include a copy of the camper's immunization record)

Please explain any Yes answers:

List any past medical treatments / injuries _____

Health Insurance: Carrier _____

Policy / Group # _____ (include a copy of camper's Health Insurance card)

Family Physician: _____ Phone _____

Dentist: _____ Phone _____

The Health History is complete and correct as far as I know _____

Parent or Guardian's Signature

Date