

MEDICAL STATEMENT FOR CAMP WILLOW RUN

All information requested below must be filled out by parent/guardian and on file before a camper can be admitted to and participate in the camp program.

1. Camp Dates: _____
2. Group Name: _____
3. Camper's Name: _____
Address: _____

- Home Phone: _____
Office Phone: _____
4. Camper's age: _____ Birth Date: _____
5. Medical History:
 - a. General Health: _____
 - b. Limitations: _____
 - c. Special Diet: _____
Reason: _____
(Attach sample menus or special food list)
 - d. Medications needed at camp: _____
Reason: _____
 - e. Allergies: _____
Medications used to treat allergies: _____
 - f. Ability to participate in full camp program: _____
 - g. Immunizations (give current dates):
1. Tetanus _____ 2. Polio _____
3. MMR _____ 4. DPT Series _____

6. Doctor's name: _____
Address: _____
Office/Home Phone: (____) _____

7. Parental Consent:
I hereby authorize the staff at Camp Willow Run to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Camp Willow Run and its Staff from any and all liability for any injury or illnesses incurred at camp. I acknowledge that all the medical information given is accurate and up to date; I agree to notify CWR if any change occurs in my child's medical condition before arriving at camp.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Person(s): _____
Phone Number(s): _____

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