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.

2.

Camp Dates: Group Name:

3.	Camper's Name: Address:	
	O 00" D1	
4	Office Phone:	Director Doctor
4. 5.	Camper's age:	Birth Date:
3.	Medical History:	Company Handah
	a.	General Health:
	b.	Limitations:
	c.	Special Diet:
		Reason:
		(Attach sample menus or special food list)
	d.	Medications needed at camp:
		Reason:
	e.	Allergies:
		Allergies: Medications used to treat allergies:
	f.	Ability to participate in full camp program:
	g.	Immunizations (give current dates):
	C	1. Tetanus 2. Polio
		3. MMR 4. DPT Series
6.	Doctor's name:	
	Address:	
	Office/Home Pho	one: ()
7.	Parental Consent	
	I hereby authoriz	te the staff at Camp Willow Run to act for me according to
their be	est judgment in an	y emergency requiring medical attention. I hereby waive
and rel	ease Camp Willow	Run and its Staff from any and all liability for any injury
or illne	esses incurred at ca	mp. I acknowledge that all the medical information given
is accu	rate and up to date	; I agree to notify CWR if any change occurs in my child's
medica	l condition before	arriving at camp.
Parent/	Guardian Signature	2:
		Date:
Emerge	ency Contact Perso	n(s):
Phone	Number(s):	що).
1 110110	. , 4111001(5).	

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1. 2.	Camp Dates: Group Name:	
3.		
3.	Address:	·
	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:
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their b		y emergency requiring medical attention. I hereby waive
		Run and its Staff from any and all liability for any injury
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		; I agree to notify CWR if any change occurs in my child's
	al condition before	
11100101		
Parent	/Guardian Signature	a·
1 01 0110	_	Date:
Emerg	ency Contact Perso	n(s):
Phone	Number(s):	n(0).