



# Run for Fun Camps 2022 Camper Health Form

info@runforfuncamps.com

(650) 823-5167

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on **arrival** at camp: \_\_\_\_\_

Please circle **ONLY** the week(s) your child will be attending camp:

On-Campus Day Camp:      Session 1      Session 1.5      Session 2

Adventure Day Camp:      Session 1      Session 1.5      Session 2

Overnight Camp:      Pinecrest Session 1      Pinecrest Session 2

Allergies/Food restrictions: \_\_\_\_\_

### Parent/guardian with legal custody to be contacted in case of an emergency:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Parent DOB (Qs that come from a hospital): **Parent 1:** \_\_\_/\_\_\_/\_\_\_    **Parent 2:** \_\_\_/\_\_\_/\_\_\_

Preferred Phone(s): \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Additional contact in event Parent/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone(s): \_\_\_\_\_

Preferred Email: \_\_\_\_\_

### Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes/No (circle one)

Please include a copy of your insurance card and attach to this form; copy both sides of the card so information is readable.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_

Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

### Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to treat my child in case of any emergency. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

### Signature of Custodial Relationship Parent/Guardian

\_\_\_\_\_ Date: \_\_\_\_\_