

CAMP CELO HEALTH FORM

775 Hannah Branch Road Burnsville, NC 28714 Tel. 828-675-4323

Name _____ SS# _____ Camp Session _____

Address (Street) _____ Age at camp time _____

(City) _____ (State) _____ (Zip) _____ Telephone(_____) _____

Name of parent or legal guardian _____ email _____

Other emergency contact _____ number to call in case of emergency _____

To Be Filled Out By Parents: Height _____ Weight _____ Date of birth _____

HISTORY (hospitalizations/surgeries/chronic health problems) include dates:

ALLERGIES to Drugs/Insects/Foods: (Please note, our ability to accommodate food allergies is limited.)

CURRENT MEDICATIONS: reason dosage/frequency

Family Insurance Information: **(Please attach a copy of both sides of your insurance card)**

Insurance Company _____ Policy No _____

Address _____ Phone No. _____

To be filled out by health care provider

I have this date _____ examined this child and find him/her to be in good physical health.

_____ Signature of MD / NP / PA

Immunizations up to date, **yes** **no** (circle one) date last tetanus _____

Our local hospital requires a notarized signature in case of emergency. Please be sure to complete the release form on the next page.

I, the undersigned parent or legal guardian of _____, a minor child, am willing and desire that my child (or ward) attend Camp Celo and that I assume any risks normally inherent in the nature of the Camp Celo program. Furthermore I do hereby authorize Camp Celo to seek and consent to all necessary medical treatment for the aforementioned child by the appropriate medical personnel.

I also **do/do not (circle one)** grant permission to use photographs in which my child appears for Camp Celo publicity or in publications.

This the _____ day of _____ 20_____.

SIGNATURE

_____ (State)

_____ (County)

I, _____ a Notary Public for said County and State, do hereby certify that
_____ (and _____) personally appeared before me this day
and acknowledged the due execution of the forgoing instrument.

Witness my hand and official seal, this _____ day of _____ 20_____.

(Official Seal)

Notary Public

My commission expires: _____