



LAKE ANN CAMP AND RETREAT CENTER ~ HEALTH FORM

Parents or Guardians: This form must be filled out, signed, and returned to Lake Ann Camp before camper attends camp.

(This form is required only for campers who submit online registrations. A doctor visit is NOT required)

Camper's Name _____ Week Attending _____
 Camp Attending _____
 Birthdate _____ Home Phone Number (____) _____
 Family Doctor _____ Doctor's Phone (____) _____
 Insurance Company _____
 Policy Number _____
 Insurance Holder's Name _____
 Insurance Holder's Birthdate _____

Are there any health or behavioral conditions that Lake Ann Camp should be aware of? _____

Medications Taken Regularly (Must be in Original Container) _____

Current Infectious Diseases or Conditions _____

Allergic Reactions: Bee Stings Food Other _____

Immunization Record: Are all immunizations up to date? Yes No

Other Medical Concerns for your child _____

I authorize my child to be picked up by the following individuals (family member, church, etc.) _____

In case of medical emergency or general medical care, I give consent for medical treatment for my child named above by authorized personnel. The camp carries secondary accident insurance which means all claims must be submitted to the parents' insurance carrier first, then the unpaid balance will be submitted to our carrier for consideration. I understand that Lake Ann will not release my camper to anyone without written permission. I certify the above child has my permission to attend camp and participate in all activities. I also realize that my campers' picture or testimony may be used in the promotion of the camp. My child may receive e-mail from Lake Ann Camp and Retreat Center.

Signature of Parent or Guardian _____

Date _____



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