



FREEZE OUT

<input type="checkbox"/> FO #1	<input type="checkbox"/> FO #5
<input type="checkbox"/> FO #2	<input type="checkbox"/> FO #6
<input type="checkbox"/> FO #3	<input type="checkbox"/> FO #7
<input type="checkbox"/> FO #4	

STUDENT HEALTH FORM

Student Name _____ Student Birthdate (mm/dd/yyyy) _____

Emergency Contact _____ Emergency Contact Phone Number _____

Family Doctor _____ Doctor's Phone Number _____

Insurance Company _____ Policy # _____ Group # _____

Insurance Holder's Birthdate _____ Insurance Holder's Place of Employment _____

Current physical, mental, or psychological conditions requiring medication or treatment _____

Please list any activities from which your child should be exempted for health reasons _____

Past medical treatments _____

Current medications (prescribed & over-the-counter) _____ Allergy or Dietary Restrictions _____

I authorize my child to be picked up by the above individuals (ID Required)

Parent/Guardian Signature _____ Date _____

In case of medical emergency or general medical care, I give consent for medical treatment for my student named above by authorized personnel. I understand that on the rare occasion that my student must be transported to the hospital, I will be notified as soon as possible. Lake Ann Camp's philosophy of health management is to treat each sick or injured student in the same way we would care for our own child. The camp carries secondary accident insurance which means all claims must be submitted to the parents'/guardians' insurance carrier first, and then the unpaid balance will be submitted to our carrier for consideration. I understand that Lake Ann will not release my student to anyone without written permission. I certify the above student has my permission to attend this retreat and participate in all activities. I also realize that my student's picture or testimony may be used in the promotion of Lake Ann Camp.

Staff Use Only

Rec'd _____ Initials _____