

Camp Id-Ra-Ha-Je

MLS Student Information Form

Student Name _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: ___/___/___ Age: _____ Gender: M F

EMERGENCY INFORMATION

Father Guardian	Name	Home Phone	Place of Employment
	Address if different	Cell Phone	Address of Employment
	City, State, Zip	Work Phone	City, State, Zip
Mother Guardian	Name	Home Phone	Place of Employment
	Address if different	Cell Phone	Address of Employment
	City, State, Zip	Work Phone	City, State, Zip
Emergency Contact	Name	Home Phone	Place of Employment
	Address if different	Cell Phone	Address of Employment
	City, State, Zip	Work Phone	City, State, Zip

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I _____ hereby give my permission to the Camp Director to hospitalize and secure proper treatment for my child.

Parent/Legal Guardian's Signature: X _____ Date: _____

INSURANCE

Insurance Company	Name	Phone	Plan Number
	Address	City, State, Zip	Group Name/Number
Family Doctor	Name	Phone	
	Address	City, State, Zip	
Family Dentist	Name	Phone	
	Address	City, State, Zip	

CAMPER'S HEALTH RECORD

Serious illnesses, operations, injuries: _____

Special instructions (ie. special diets, exempted activities, etc): _____

Allergies (ie. drugs, food, other): _____

Last immunization date: DTP _____ MMR _____

Prescribed & Non-Prescribed medications to be taken while at Camp:

Name of Medication	Dosage	Frequency	Doctor's Signature

*Please list additional medications on the back page if needed

Describe any special instructions for this student, including non-prescription drugs this child *cannot* take and anything else we may need to be aware of: _____