

*Camp Pollock Association Youth Camps*

*6778 Hwy 165, Pollock, LA 71467*

*(318) 765-3661 (State Office)*

**2023 Youth CAMP MEDICAL form**

**Camp Attending:**  **4<sup>th</sup> – 6<sup>th</sup>**  **7<sup>th</sup> – 9<sup>th</sup>**  **10<sup>th</sup> – 12<sup>th</sup>** **Date:** \_\_\_\_\_

**Are you a camper at this camp?**  **yes**  **no** **Are you a staff member/leader at this camp?**  **yes**  **no**

**If so, what position?** \_\_\_\_\_ **Female** \_\_\_\_\_ **Male** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**INSURANCE/GENERAL HEALTH (Please include a copy of Insurance card)**

**Insurance Co.** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Do you have any allergies? If so, please list.** \_\_\_\_\_

**Do you have any health and/or behavior concerns? If so, please describe.** \_\_\_\_\_

**Is medication needed or used at this time? Yes (  ) No (  ) If so, please explain.** \_\_\_\_\_

**MEDS**

**REASON NEEDED**

**DOSAGE**

**Date of last tetanus booster** \_\_\_\_\_ **(please don't leave blank)**

**MEDICAL RELEASE STATEMENT:** *I give my permission to the Director/Nurse to secure the service of a licensed physician to provide the care necessary, including anesthesia for my wellbeing.*

**SIGNATURE** \_\_\_\_\_