

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** \_\_\_\_\_