

# Camp Anglewood Health Form

Camp Season: \_\_\_\_\_ Dates attending camp: \_\_\_\_\_ to \_\_\_\_\_

Mail this form to the address below BEFORE the first day of camp.

**Camp Anglewood LLC**  
112 N. Lynnwood Avenue  
Glenside, PA. 19038

Camp Anglewood Phone: 267-939-4455/4456

Camp Anglewood Email: [CAMPGIRL259@AOL.com](mailto:CAMPGIRL259@AOL.com)

The information on this form is not part of the camp or staff acceptance process. It is gathered to assist the camp staff in identifying appropriate care. This form should be sent to the above address prior to camper's arrival at camp. Any changes to this form should be provided to Joyce Hill, Camp Director, as soon as possible. Please provide complete information so that the camp can be aware of your camper's needs.

## Camper Personal Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Camp \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_  
Street Address City State Zip code

Parent/Guardian Email Address: \_\_\_\_\_ Camper Gender:  Male  Female

Custodial Parent/Guardian \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_  
(if different from above) Street Address City State Zip code

Business Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Street Address City State Zip code

Second Parent/Guardian or Emergency Contact \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_  
(if different from above) Street Address City State Zip code

Business Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Street Address City State Zip code

If not available in an emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Street Address City State Zip code

## Insurance Information

Is the camper covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

> Photocopy of front and back of health insurance card must be attached to this form.

## Signatures — Important: This box must be completed for camp attendance\*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

*I give / do not give (circle one) permission for Tylenol/Motrin/Benadryl to be given at the Nurse's discretion if unable to contact parents.*

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

\* If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

## Allergies

Medication allergies (list) \_\_\_\_\_ Describe reaction and management of the reaction. \_\_\_\_\_

Food allergies (list) \_\_\_\_\_

Other allergies (list) \_\_\_\_\_ Include insect stings, hay fever, asthma, animal dander, etc. \_\_\_\_\_

