



Emergency Medical Information Form - (Please print legibly)

Camp Still Water

Student's Name _____ Grade _____ M or F
Address _____ City _____ State _____ Zip Code _____
Birthdate _____ Telephone Number _____

Primary Contact _____ Secondary Contact _____
Relationship _____ Relationship _____
Phone Number _____ Phone Number _____
Employer _____ Employer _____
Work Phone _____ Work Phone _____
Cell Number: _____ Cell Number: _____
Email _____ Email _____

3rd Additional Contact: _____ 4th Additional Contact: _____
Name _____ Name _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Phone _____ Phone _____
Relationship to Child _____ Relationship to Child _____
Physician's Name _____ Dentist's Name _____
Phone _____ Phone _____

IMPORTANT:

Allergies _____

Students Blood Type (if known): _____

Medications _____

Physical Impairments: _____

Other: _____

(information to which a physician should be alerted)

I understand that this form will stay on file at Camp Still Water during the current camping year. By signing in one of the two spaces below, I am stating that everything in this form is correct and any changes that are made must be in writing. A new emergency form must be completed in order for a camper to stay at Camp Still Water. **Please sign Only One of the two spaces provided below:**

PERMISSION TO TRANSPORT AND OBTAIN TREATMENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my permission for: (1) the administration of any needed treatment deemed necessary by the named physicians, or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of my child to (preferred hospital) _____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Signed _____ Date _____

REFUSAL TO GRANT PERMISSION TO TRANSPORT AND OBTAIN TREATMENT

I DO NOT give permission to transport my child for emergency medical or dental care. In the event of an illness or injury, which requires emergency medical or dental treatment, I wish Camp Still Water to take the following actions: (You may use the back of this form to provide the necessary information).

Signed _____ Date _____

Please See Back-More Information Needed

Camp Still Water

Student Pick Up Authorization and Contact Form

In an effort to protect our campers, we are asking that you let us know, in advance, who has your permission, other than you, to pick up your child at the end of the camp. You may pre-authorize individuals by listing them below. Please let these individuals know that they may be asked to show photo identification. Anyone coming to pick up your child who is not on the list will not be allowed to leave with your child unless we have received a prior, written notification from the custodial parents/guardians.

Camp Still Water uses a text alert system to notify parents with important camp information such as important messages when information needs to be broadcasted quickly. Please provide contact information for those who need to receive camp email notifications and text alerts.

Student Name: _____
Last _____ First _____ Middle Initial _____ Grade _____

Custodial Parents/Guardians: _____

Name	Relationship	Authorized to Pick-up Circle One	Text Alert Provide Cell # ONLY <u>if want them to receive Text Alert</u>	Email Notifications- Provide Email ONLY <u>if want them to receive emails</u>
Mother		YES NO		
Father		YES NO		
		YES NO		

Parent's Signature _____ Date _____