

# Boys & Girls Club of Souhegan Valley

## Camp Souhegan 2010

### PERSONAL/MEDICAL FORM

PLEASE FILL OUT ALL INFORMATION COMPLETELY!

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ T Shirt Size \_\_\_\_\_ adult or child (circle one)

Grade Entering into \_\_\_\_\_

Will your child require medication during camp hours \_\_\_\_\_

(Please fill out a permission to administer medication form if you answered yes)

Please be specific with any needs of your child

Any food allergies? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Any medical needs? \_\_\_\_\_

Any behavior needs? \_\_\_\_\_

Does your child require an inhaler? \_\_\_\_\_

Hospital choice incase of Emergency \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

**IMPORTANT: Make sure to sign the following:**

**AUTHORIZATION OF TREATMENT:** I, \_\_\_\_\_, parent/guardian, hereby give permission to the Boys & Girls Club of Souhegan Valley, to obtain emergency medical treatment in case of a medical emergency when I cannot be reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_