

Camp Copass

8200 E. McKinney St., Denton, TX 76208-2025
940-565-0050 * 940-382-9984 fax * 800-303-2103 TX only

Health and Registration Form

Please complete prior to arrival at camp.

Name _____ Sex _____
Last First Middle

Address _____
Street or Mailing Address City State Zip

Home Phone _____ Date of Birth _____ Age _____

Parents' or Guardians' Names _____

Father's Work Phone _____ Mother's Work Phone _____

Church or Group you are with _____

Either provide dates below or attach a current copy of child's immunization record: DO NOT mark "CURRENT" below.

General Health

Immunization Dates

Allergies

Heart	Asthma	Polio	Food
Lungs	Fainting	Mumps	Insects
Eyes	Nosebleed	Measles	Penicillin
Ears	Skin Rash	Rubella	Other
Throat	Emotional	DPT and/or TD	

Serious Illness _____ Date _____

Was the camper well when leaving for camp? _____ If not, explain; please be specific _____

Is the camper able to participate in all recreational activities? _____
If not, explain in detail _____

Medications – Please list all medications the camper is taking _____

If there are any medications your child may need while at camp (such as inhalers, prescriptions), send them in the original container to the camp nurse.

Permission to administer: Aspirin? Y N Tylenol? Y N Ibuprofen? Y N Benadryl? Y N

ALL PRESCRIPTIONS & MEDICATIONS ARE TO BE GIVEN BY CAMP NURSE

Insurance Information

Name and Address of Insurance Company _____

Policy# _____

Group# _____

Name of Insured _____

Medical Emergency/Media Authorization Agreement

_____ (Camper's Name) has my permission to engage in prescribed activities, except as noted by me. I also understand that CAMP COPASS may choose to use my child's photo for promotional purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to insure the well-being of the above named, due to sickness or accident while attending camp at CAMP COPASS, or en route to or from the camp. I also authorize the camp personnel or adult counselor to transport my child at their discretion in case of an emergency.

We represent to you that we and the participant hold Camp Copass, its agents, employees and representative harmless from all liability arising as a result of the conduct of the participant and agree to defend and indemnify Camp Copass, its agents, employees and representatives against any claim or liability arising as a result of such conduct.

I would like to receive future mailings from Camp Copass.

Parents'/Guardians' Signature _____ **Date** _____

Participant's Signature _____ **Date** _____