

# Sudbury Camp 2008 Medical Form

This form must be completed and returned to the Hudson Valley Sudbury School on or before the first day of camp.

Camper's name: \_\_\_\_\_ Age: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

1<sup>st</sup> person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_

2<sup>nd</sup> person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_

3<sup>rd</sup> person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_

I give permission for full participation in Sudbury Camp programs, subject to limitations noted herein. **In case of emergency**, I understand every effort will be made to contact me (if participant is 18 or older then next of kin). In the event I cannot be reached, I hereby give my permission to the licensed healthcare practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child (or for me, if participant is 18 or older).

\_\_\_\_\_  
Signature of parent/guardian or participant age 18 or older

\_\_\_\_\_  
Date

## MEDICAL INFORMATION

Any allergies (medication, food, insects, plants) Yes No If yes, please list: \_\_\_\_\_

Date of last Tetanus immunization: \_\_\_\_\_

Please list any physical or behavioral conditions that may affect or limit full participation in Camp activities (including but not limited to hiking long distances and playing strenuous physical games):

Name of personal physician \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Please list any conditions an attending physician should be aware of: \_\_\_\_\_