

## **MEDICAL/EMERGENCY INFORMATION**

This information is given to the camp nurse. Parent(s) please fill out and sign.

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CAMPER'S NAME \_\_\_\_\_ Camper Date of Birth \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Phone #'s (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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Father's Name \_\_\_\_\_ Phone #'s (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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Other Emergency Contact \_\_\_\_\_ Phone #'s (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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Physician Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

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Insurance Company & Policy # \_\_\_\_\_ Camper SS# (For emergency use only. Not kept in our Database.) \_\_\_\_\_

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Immunizations \_\_\_\_\_

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Current Medications \_\_\_\_\_

**Authorizations for My Child:**

- I, the undersigned, hereby give my permission to Camp Cotubic to contact a physician, emergency squad, hospital, etc. in order to provide emergency care for my child and to provide routine medical care for the above named child should an emergency arise. I also give my consent to the camp staff to provide over the counter medication for my child. \_\_\_\_ Yes \_\_\_\_ No
  
- I, the undersigned, give my permission to the Camp Cotubic staff to use any pictures, videos, audio recordings in which my child may be present for promotional purposes. \_\_\_\_ Yes \_\_\_\_ No
  
- Understanding that an outdoor camping experience carries with it certain risks, I, the undersigned parent or legal guardian, do hereby agree to indemnify and hold harmless Cotubic Ministries, Inc., its Board of Directors, agents, and employees from all damages, judgments, expenses, attorney fees and claims arising out of personal injury sustained by the above named camper arising out any activity or program being conducted by "the camp" with the understanding that the laws of the State of Ohio govern additional acts classified as or found to be of gross negligence. \_\_\_\_ Yes \_\_\_\_ No \*

**Signed by parent or legal guardian:** \_\_\_\_\_  
(\* If No, some activity restrictions may apply for your child.)

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**For Camp Nurse Use Only:**

Temp.: \_\_\_\_\_ Ears: \_\_\_\_\_ Head: \_\_\_\_\_

Specific Instructions: \_\_\_\_\_  
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