LAKE ANN CAMP AND RETREAT CENTER ~ HEALTH FORM

***Parents or Guardians**: This form is required only for campers who submit an **on-line registration**.*
This form must be complete, signed, and returned to Lake Ann Camp before your child arrives at camp.

Camper's Name _____ Date Attending _____

Program Attending (circle one): **Junior** **Fresh Start** **Freeze Out**
Jump Start **Sr. High**
Jr. High **Reborne Rangers**

Birth Date _____ Home Phone Number (_____) _____
Family Doctor_____ Doctor's Phone (_____) _____

Insurance Information: **Please attach a copy of your insurance card - front and back.**

Insurance Company_____ Policy Number _____
Group Number _____ Insurance Holder's Name _____
Insurance Holder's Birth Date _____ Insurance Holder's Place of Employment _____

Are there any health or behavioral conditions that Lake Ann Camp should be aware of? _____
_____
_____

Current Medications:
_____
_____

NOTE: ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS MUST BE SENT IN THEIR ORIGINAL CONTAINERS AND MUST NOT BE EXPIRED.

Allergic Reactions: Bee Stings, Food, Other
_____

Are all immunizations up to date? ☐ Yes Date of last Tetanus shot:_____
☐No If not, why? _____

I authorize my child to be picked up by the following individuals (family member, church, etc.)

_____
(Individuals listed must show photo ID before camper will be released – any changes must be authorized by parent/legal guardian in writing)

In case of medical emergency or general medical care, I give consent for medical treatment for my child named above by authorized personnel. The camp carries secondary accident insurance which means all claims must be submitted to the parents' insurance carrier first, then the unpaid balance will be submitted to our carrier for consideration. I understand that Lake Ann will not release my camper to anyone without written permission. I certify the above child has my permission to attend camp and participate in all activities. I also realize that my campers' picture or testimony may be used in the promotion of the camp. My child may receive e-mail from Lake Ann Camp and Retreat Center.

Signature of Parent or Guardian _____
Date _____

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