

**MEDICAL STATEMENT FOR CAMP WILLOW SPRINGS**

All information requested below must be filled out by parent/guardian and on file before a camper can be admitted to and participate in the camp program.

1. Camp Dates: \_\_\_\_\_
2. Group Name: \_\_\_\_\_
3. Camper's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_
4. Camper's age: \_\_\_\_\_ Birth Date: \_\_\_\_\_
5. Medical History:
  - a. General Health: \_\_\_\_\_
  - b. Limitations: \_\_\_\_\_
  - c. Special Diet: \_\_\_\_\_  
Reason: \_\_\_\_\_  
(Attach sample menus or special food list)
  - d. Medications needed at camp: \_\_\_\_\_  
Reason: \_\_\_\_\_
  - e. Allergies: \_\_\_\_\_  
Medications used to treat allergies: \_\_\_\_\_
  - f. Ability to participate in full camp program: \_\_\_\_\_
  - g. Immunizations (give current dates):  
1. Tetanus \_\_\_\_\_ 2. Polio \_\_\_\_\_  
3. MMR \_\_\_\_\_ 4. DPT Series \_\_\_\_\_

6. Doctor's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office/Home Phone: ( ) \_\_\_\_\_

7. Parental Consent:  
I hereby authorize the staff at Camp Willow Springs to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Camp Willow Springs and its Staff from any and all liability for any injury or illnesses incurred at camp. I acknowledge that all the medical information given is accurate and up to date; I agree to notify CWS if any change occurs in my child's medical condition before arriving at camp.

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

Emergency Contact Person(s): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

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