

Dear Parents and Guardians,

We want to provide your child with the best possible week(s) at camp including physical and social growth. You can help by carefully filling out this form. Health forms must be returned with camp registration form and fee. Each camper must have a completed health form on file before attending camp.

PLEASE PRINT

Name of Camper: _____			
	(Last)	(First)	(MI)
Age: _____	Date of Birth: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Camper's Address: _____			
City: _____	State: _____	Zip: _____	
Name(s) of Parent(s) or Guardian: _____			
Home Phone: (____) _____	Work: (____) _____	Cell: (____) _____	
If I cannot be reached in an emergency, call: _____			
	Relationship: _____		
Home Phone: (____) _____	Work: (____) _____	Cell: (____) _____	
Name of Child's Physician: _____ Phone: (____) _____			
<u>Health Insurance Information:</u>			
Carrier Name: _____			
Carrier Address: _____			
Policy #: _____		Phone: (____) _____	
Policy Holder's Name: _____			
Policy Holder's Social Security # _____			
Policy Holder's Date of Birth: _____			

Medical Release and Authorization for Treatment

Describe any current physical or health conditions requiring medication, treatment or special restrictions or considerations while at camp:

Activities from which the camper should be exempted for health or other reasons:

Allergies: Please list any allergies (food, medicine, insect stings, etc.):

Asthma: Severe Moderate Mild Triggers? _____

Nutritional/Dietary restrictions:

Camper Medications:

As far as possible, medications should be given to a child prior to coming to camp each day or upon returning home. If a medication must be delivered during the day, it must be in its original container accompanied by a physician's note explaining method and frequency of delivery, and any special information concerning this medication that the camp director should know. All medications will be kept in a locked space.

I give my permission for Camp Director to administer the following medications:

Name of Medication: _____ Dosage: _____ How often: _____
Name of Medication: _____ Dosage: _____ How often: _____

Any special information concerning this medication? _____

Parent/Guardian Signature: _____ Date: _____

Camper's Name: _____

**Dates for Camp: Indicate which week(s) and days your child will attend.
(check off weeks / also circle days if not attending 5 days per week)**

June 18- June 22 _____	Mon	Tue	Wed	Thurs	Fri
June 25- June 29 _____	Mon	Tue	Wed	Thurs	Fri
July 2- July 6 (no camp Wed, July 4th) _____	Mon	Tue	Wed	Thurs	Fri
July 9-July 13 _____	Mon	Tue	Wed	Thurs	Fri
July 16- July 20 _____	Mon	Tue	Wed	Thurs	Fri
July 23 - July 27 _____	Mon	Tue	Wed	Thurs	Fri
July 30-August 3 _____	Mon	Tue	Wed	Thurs	Fri
August 6-August 10 _____	Mon	Tue	Wed	Thurs	Fri

Personal Information

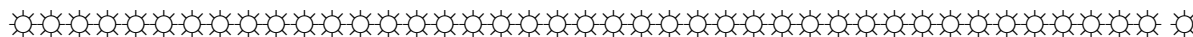
Please share any information that will help us give your camper the best experience possible.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp?

Any emotional upsets?

Is your child apprehensive about anything at camp?

Any other suggestions or special information for the counselor?



Parent/Guardian Name: _____

Phone: (____) _____ Email Address: _____

City: _____ Zip: _____

Please return this form with \$125 deposit to:

**Susan Weed, Business Manager
Holy Family Regional Catholic School
2477 Trenton Road
Levittown, PA 19056**

(Please make check payable to "Holy Family Regional Catholic School")