



Medical Form

To be completed by parent/guardian

Camper's name: _____

Age: _____ Date: _____

Family Physician: _____

Phone Number: _____

Insurance Carrier: _____

Policy #: _____

Please bring a copy of the child's medical card with you to registration.

List any medical problems or limiting physical conditions:

Date of most recent Tetanus shot: _____

Please list any allergies, especially allergic reactions to medications:

Please list any food allergies:

Medical Permission Agreement

_____ I hereby give Fusion staff permission to assume
(Parent Initial)
responsibility for securing necessary medical care for the
well being of _____ as long as he/she
(camper)

is a participant of Fusion Youth Camp. In case of a sudden medical emergency, I give the Fusion staff permission to secure any needed medical or surgical care. I understand that Fusion and its staff are not responsible for any medical expenses incurred.

Medication

Any **prescribed medications** which are to be administered to campers must be so directed in writing by parents/guardians.

Medications:

_____ I give the nurse permission to give my child
(Parent Initial) **over-the-counter medication at her discretion.**

Parent Signature: _____

Date: _____