

# Camp Copass

8200 E. McKinney St., Denton, TX 76208-2025  
 940-565-0050 \* 940-382-9984 fax \* 800-303-2103 TX only

## Health and Registration Form

Please complete prior to arrival at camp.

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street or Mailing Address City State Zip

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parents' or Guardians' Names \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Church or Group you are with \_\_\_\_\_

Either provide dates below or attach a current copy of child's immunization record: DO NOT mark "CURRENT" below.

<u>General Health</u>	<u>Immunization Dates</u>	<u>Allergies</u>
Heart	Asthma	Polio
Lungs	Fainting	Mumps
Eyes	Nosebleed	Measles
Ears	Skin Rash	Rubella
Throat	Emotional	DPT and/or TD
		Food
		Insects
		Penicillin
		Other

Serious Illness \_\_\_\_\_ Date \_\_\_\_\_

Was the camper well when leaving for camp? \_\_\_\_\_ If not, explain; please be specific \_\_\_\_\_

Is the camper able to participate in all recreational activities? \_\_\_\_\_  
 If not, explain in detail \_\_\_\_\_

**Medications** – Please list all medications the camper is taking \_\_\_\_\_

**If there are any medications your child may need while at camp (such as inhalers, prescriptions), send them in the original container to the camp nurse.**

Permission to administer: Aspirin? Y N Tylenol? Y N Ibuprofen? Y N Benadryl? Y N

**ALL PRESCRIPTIONS & MEDICATIONS ARE TO BE GIVEN BY CAMP NURSE**

**Insurance Information**

Name and Address of Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_  
 \_\_\_\_\_ Group# \_\_\_\_\_  
 \_\_\_\_\_ Name of Insured \_\_\_\_\_

**Medical Emergency/Media Authorization Agreement**

\_\_\_\_\_ (Camper's Name) has my permission to engage in prescribed activities, except as noted by me. I also understand that CAMP COPASS may choose to use my child's photo for promotional purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to insure the well-being of the above named, due to sickness or accident while attending camp at CAMP COPASS, or en route to or from the camp. I also authorize the camp personnel or adult counselor to transport my child at their discretion in case of an emergency.

We represent to you that we and the participant hold Camp Copass, its agents, employees and representative harmless from all liability arising as a result of the conduct of the participant and agree to defend and indemnify Camp Copass, its agents, employees and representatives against any claim or liability arising as a result of such conduct.

I would like to receive future mailings from Camp Copass.

**Parents'/Guardians' Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_