

GOOD COUNSEL CAMP

HEALTH CERTIFICATE FOR ADMITTANCE TO ATTEND CAMP SESSION(S) PARENT/GUARDIAN: YOU MUST HAVE YOUR SIGNATURE NOTARIZED

The camper must have this certificate completed by the family physician within one (1) year before the opening of camp. After the medical examination, the signed and notarized certificate is to be mailed to the CAMP NURSE, Good Counsel Camp, 8888 E. Gobbler Dr., Floral City, Florida 34436, or you must bring the certificate in person on opening day of camp. No Camper may begin camp unless a completed health form is first received. Every camper is checked by the nurse upon arrival and this health information is mandatory.

This is to certify that I have examined this day: (Please Print or Type)

Name _____ Age _____ Birthdate ____ / ____ / ____

Address _____ Hm. Phone (____) _____

Camper's must be free of any contagious conditions (i.e: lice, scabies, athletes feet, etc.)

Camper SS# _____

Urinalysis _____ Neg ____ / _____ Contagious Disease Contracted _____

Date last tetanus injection ____ / ____ / ____

(To enter Camp, everyone must have his/her tetanus injection within the past ten years)

List of allergies (food, drug, plants, insects, etc.) _____

Special restrictions and recommendations of Physician (i.e., treatment to be continued, any medication (specific dosages), any medically prescribed meal plan or dietary restrictions: _____

I have found (him) (her) to be in excellent physical condition and capable of entering all camp activities.

_____ Date

_____ Physician's Signature

_____ Physician's Office Phone

Parent's/Guardian's Signature MUST Be Notarized Below in Order for Camper to Attend Camp

In case of emergency, I understand every effort will be mad to contact the parents/guardians of the Camper. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp to hospitalize, secure proper treatment for and to order injections for my child as named above.

_____ Date
_____ Signature of Parent/Guardian

(____) _____
Emergency Contact/Phone Number

_____ Driver's License Number or I.D.

_____ Parent's Social Security Number

Insurance Co. Name _____

Policy No. _____

Sworn and subscribed to me this ____ day of _____,

Notary Public

Personally known by me _____ or provided identification _____

Type of identification _____

Printed