

*Office of the Secretariat for Youth  
Eparchy of Passaic*

**CAMP MEDICAL FORM**

*Please print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Day Time Phone/Cell (with area code): \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Phone (with area code): \_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_

## **Medical Insurance Information**

*As recommended by the Pocono Medical Center*

Name of Insurance Company, Mailing Address and Telephone Number:

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Insurance Policy Number, Contract Number, Identification Number or Agreement:

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Insurance Group Name and Group Number, if any:

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Effective Date and/or Expiration Date:

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Subscriber's Name (the person whose name is on the card): \_\_\_\_\_

Subscriber's Employer Name, Address and Telephone Number:

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**Camper's Name** \_\_\_\_\_

List all allergies, especially to foods, medications and things likely to be found out of doors:

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Enclose a copy of vaccinations or list names and dates of vaccinations received to date:

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\_\_\_\_\_ Blood type (if known): \_\_\_\_\_

List any medical conditions for which your child is or has been under treatment; include medication, dosage, time, etc. Include any information you feel may be of assistance to the Camp Moderator.

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Please specify any activities that your child should **NOT** be allowed to participate in for health reasons:

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**Camper's Name** \_\_\_\_\_