

CAMP ONAS
609 Geigel Hill Rd
Ottsville, PA 18942
610-847-5858



Please return completed
form one month prior
to arrival at camp.
Please TYPE or PRINT

Camp HEALTH Form

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care.

Health History

All camp participants need a completed, updated health history each year and will not be able to participate without a completed Health Form.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home Address _____
Street address City State Zip

Gender: Male Female

Custodial parent/guardian _____ Phone _____

Home address _____
(If different from above) Street address City State Zip

Business address _____ Phone _____
Street address City State Zip

Second parent or guardian or emergency contact _____ Phone _____

Address _____
Street address City State Zip

Business address _____ Phone _____
Street address City State Zip

If not available in an emergency, notify _____ Phone _____

Relationship _____

Address _____
Street address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No
If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Policy ID number _____

↓ **Important: Parent must complete if participant is less than 18 years of age.**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature of parent/guardian _____

Witness _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of camper _____

Allergies List all known Describe reaction and management of the reaction.
Medication allergies (list)

Food allergies (list)

Other allergies (list)

**Date of most recent
Tetanus vaccination.**

Tetanus must be up-to-date
for camp participation.