



BEAVER LAKE DAY CAMP CAMPER EMERGENCY FORM - 2023

Please fill out one form PER camper

Emergency Information

Family Name: Last: _____ **First:** _____

Camper Name: First: _____ **Last:** _____

Beaver Lake Address: Unit #: _____ **Phone #:** _____

Allergies: _____

Treatment given for above specified allergies:

Medicines currently taking & how often: _____

Please indicate any medical problems or limitations of which we should be aware:

Special Considerations:

(Social/Emotional, Camp Experience, any other info you think is important for camp Head Counselors to know): _____

Emergency Contact

Please indicate the person(s) that should be notified in case of emergency : *(should be on BL grounds)*

Contact Name #1 _____ Relationship to Camper _____

Cell # _____ Alternate # _____

Contact Name #2 _____ Relationship to Camper _____

Cell # _____ Alternate # _____

Medical Authorization

It is our firm hope that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. This authorization will be used only after every attempt has been made to contact the parent.

I DO HEREBY GIVE AUTHORITY TO THE DAY CAMP STAFF TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR MY CHILD/CHILDREN WITH THE UNDERSTANDING THAT THE FAMILY WILL BE NOTIFIED AS SOON AS POSSIBLE.

Authorized signature _____ Relationship to Camper _____ Date _____