

NORTHEASTERN OHIO CHRISTIAN YOUTH CAMP MEDICAL CONSENT FORM



**Health, Medical, and Insurance Information: (Camper cannot be accepted if this is not completed.)
NOCYC DOES NOT PROVIDE MEDICAL INSURANCE.**

Name _____ Phone: _____

Address _____

Medical History

Allergies _____

Do you use an EPI Pen? _____ If yes, do you have it with you? _____

Do you use an inhaler? _____ If yes, do you have it with you? _____

Medications (Current Dosage and Times) All Medications must be turned into the staff nurse or director upon arrival at camp. No Medications are permitted in the cabins.

Date of last Tetanus Shot _____

Parent/Guardian Name _____ Work Phone _____

Parent/Guardian Name _____ Work Phone _____

Home Phone _____ Additional Phone _____

Pager _____ Cell Phone _____

Additional Contact Person _____ Phone _____

Guarantor or Name _____ Place of Employment _____

Insurance Company Name _____

Policy # _____ Plan ID# _____

Primary Care Physician _____ Office Phone _____

Dentist _____ Phone _____ Other Physician _____

In the event of an emergency, I authorize the camp director or his designee to secure medical or surgical treatment as recommended by a physician for the applicant's well being. The camp health director or nurse may administer any prescribed medications and treat any emergency that may arise while the applicant is at NOCYC.

Signature of Parent or Guardian _____

Date _____