



# Camper Medical Information for (name) \_\_\_\_\_

Name of Health Insurance Policy Holder (provided through Parent/Legal Guardian) \_\_\_\_\_

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Health Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group or Policy Number \_\_\_\_\_

***Please attach a copy of both front and back of your health insurance card!***

Family Doctor \_\_\_\_\_ Doctor's Office Phone Number \_\_\_\_\_

**Date of last Tetanus Vaccination** \_\_\_\_\_

<b>List Current Medications:</b>		<b>Any food, insect bites or other allergic reactions:</b>
<small>(Prescription or over-the-counter drugs)</small>	<small>Check-in Verified?</small>	
1) _____	√	_____
2) _____	√	_____
3) _____	√	_____
4) _____	√	_____
5) _____	√	_____

***ALL medicines will be checked with the camp nurse at registration/check-in time on Sunday.  
You MUST bring the actual prescription for the medicines. The nurses must see the doctor's orders.***

If, in the opinion of the camp infirmary staff, should there arise the need for medical attention for \_\_\_\_\_, a minor, I the undersigned parent/guardian do hereby authorize either Big Bear or Redlands Community Hospital, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and general or special supervision of any physician and surgeon licensed under the provisions of the medical practice act on the medical staff on any hospital, whether such diagnosis or treatment is rendered at the physician office or at said hospital.

I understand that this authorization is given in advance of any specific diagnoses, treatment, or hospital care being required, but is given to provide authority or power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization may, in the exercise of his/her judgment, deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the civil code of California.

I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of section 25.8 of the civil code of California, to surrender physical custody of such minor to my above-named agent upon completion of treatment. This authorization is given pursuant to section 1283 of the health and safety code of California.

This authorization shall remain in effect from Sunday, July 13, 2025 to midnight Saturday, July 19, 2025, unless sooner revoked in writing and delivered to said agent. You may release the above minor to the person having physical custody at the time of treatment.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_