

MEDICAL FORM CRYSTAL CONFERENCE CENTER

This form is to be used by adults and children at Beloved Community and Family Camp. The licensed children's camps will use the American Camping Association health form. Please bring this form with you to camp.

Name _____ Age _____

Address _____ DOB _____

Phone _____ Blood type, if known _____

Physician's name _____ Phone _____

Emergency Contact _____ Phone _____

Relationship to camper _____

Insurance Company _____ Phone _____

Insurance policy number _____

Health concerns the camp should be aware of: (i.e. – heart, respiratory, blood pressure, diabetes, asthma, etc.)

Medication taken (please list name, dosage, and how often):

Where will you keep your medication at camp if someone needs to get it for you? _____

Signature _____ Date _____