

*North Naples Church  
Camper Medical Information Form  
Serve Your World Camp 2017  
June 18 - June 22, 2018*

Child's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Any Known Medical Conditions** (diabetes, asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Current or Intermittent Medicines taken (include any & all medications)

\_\_\_\_\_  
\_\_\_\_\_

**Please list all known Allergies**

\_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Office Address \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT**

In the event of a medical emergency, whereby my child \_\_\_\_\_  
(PLEASE PRINT NAME)

should need any medical treatment or hospitalization, permission is granted to the staff of North Naples Church to obtain the necessary care. I understand that every effort possible will be made to contact me. I guarantee all payments for medical care for my child and have healthcare insurance with:

Plan Name \_\_\_\_\_ Policy # \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_