

# JR. GRANGE CAMP MEDICAL PERMISSION FORM

**\*MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN\***

**CHILD MUST BRING THIS COMPLETED FORM TO CAMP. NO CHILD WILL BE ALLOWED TO REMAIN AT CAMP WITHOUT A SIGNED PERMISSION FORM.**

We give permission to attend the Jr. Grange Camp named below and agree not to hold the Washington State Grange or camp staff and directors responsible for losses, injury or accidents at camp or enroute to and from camp. This is to certify that the bearer of this form has the permission of the undersigned to authorize necessary emergency medical care by attending physicians or others he or she may choose in the event of accidental injury, ingestion or illness. The undersigned accepts all financial responsibility for necessary treatment and services. We further give the camp permission to take my child to the doctor or hospital for emergency medical treatment.

Camper's Name \_\_\_\_\_

Birthdate: \_\_\_\_\_ **Circle one**  
Boy / Girl

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**We must be able to contact someone in case of emergency.**

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Second (emergency number (REQUIRED) ( \_\_\_\_\_ ) \_\_\_\_\_

## MEDICAL INFORMATION

Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Health/Diet Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Problems we should be aware of: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Name: \_\_\_\_\_

**Parent or guardian must sign this form. No one else is to sign the permission form.**

# JR. GRANGE CAMP REGISTRATION FORM

**\*REGISTRATION FORM MUST BE COMPLETED BY PARENT OR GUARDIAN\***

Please detach this section and send as registration with check for camp fee. See back of this form for registration fees and an address to mail this form.

Camper's Name \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ **Circle one**  
Male / Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**We must be able to contact someone in case of emergency.**

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Second (emergency number (REQUIRED) ( \_\_\_\_\_ ) \_\_\_\_\_

If possible, I would like to be in a cabin with: \_\_\_\_\_

Name of adult who will pick up child: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**Camper must check out with camp director or designee before leaving camp.**

Camp Name: \_\_\_\_\_

**\*MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

**COMPLETE IF KNOWN:**

Sponsoring Grange or Grange Member: \_\_\_\_\_

Grange Number: \_\_\_\_\_ County: \_\_\_\_\_

**BRING THE COMPLETED MEDICAL PERMISSION FORM (AT LEFT) TO CAMP. NO CHILD WILL BE ALLOWED TO REMAIN AT CAMP WITHOUT A SIGNED MEDICAL PERMISSION FORM.**

\*By signing this form, I give permission for my child to go on an off-site field trip. I also give permission to publish photographs of camp activities that include my child.\*

# 2018 JUNIOR GRANGE CAMP INFORMATION



## Camp Morehead

July 15-21, 2018

### Registration Fee:

\$160 if received before July 1,  
\$180 after July 1.

### Mail registration forms to:

Tom Gwin  
PO Box 181  
Humptulips, WA 98552  
(360) 987-2361

[tgwin@techline.com](mailto:tgwin@techline.com)

### Make checks payable to:

Morehead Junior Grange Camp

