

# 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 2017 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: \_\_\_\_\_ Age: \_\_\_\_\_ <sup>circle one</sup> Boy / Girl

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: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

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: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

E-mail: \_\_\_\_\_

*Camper must check out with camp director or designee' last day of 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 we give permission for our child to go on an off-site field trip. We also give permission to publish photographs of camp activities that include our child.

# 2017 Jr. Grange Camp Information

## CAMP NEWA

**WHO:** For ages 9-14

**WHEN:** July 23rd—July 29th

**REGISTRATION FEE:** \$175

*\* Early bird registration fee if received by July 1st: \$150\**

### MAIL REGISTRATIONS FORM TO:

Bill Weiss

11810 N. McLaughlin Rd.

Reardan, WA 99029

**FOR INFORMATION CALL:** (509) 796.4582

**CHECKS PAYABLE TO:** NEWA Jr. Grange

**ARRIVAL TIME:** Sunday, July 23rd, 2PM to 4PM.

**CHECKOUT TIME:** Saturday, July 29th, no later than 10AM.

**-No check-in prior to 2PM-**

**-No meals are provided before/after those times-**

