

# Jr. Grange Camp ADULT Medical Form

I, the undersigned, agree not to hold the Washington State Grange or camp staff and directors responsible for losses, injury or accidents at any Washington State Grange Junior 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. The undersigned gives the camp permission to take the undersigned to the doctor or hospital for emergency medical treatment.

Adult's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (circle one): M / F SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

## We must be able to contact someone in case of emergency

Name of emergency contact: \_\_\_\_\_

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

Second (emergency) number **(REQUIRED)**: ( ) \_\_\_\_\_ - \_\_\_\_\_

## Medical Information

Insurance carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health/Diet restrictions: \_\_\_\_\_

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

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

Family doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Camp name: \_\_\_\_\_

**FILL OUT FORM COMPLETELY AND PRESENT IT TO THE CAMP DIRECTOR WHEN YOU ARRIVE AT CAMP.**