

Camp Medical Form

Fill out this form and bring it with you to registration or mail in advance to:
NE Ohio CC Camp - 2533 Davis Peck Road - Cortland, OH 44410

Name_____ Date_____

Age_____ Sex_____ School_____

Family physician_____ Dr. Phone_____

Parent/Guardian Address:

Name - _____ Home Phone_____

Other phone_____

Address_____

Secondary contact: name_____

Home phone_____ Other phone_____

Medical History:

Please list any injuries, allergies, past surgeries or other medical information needed by a camp nurse.

Camp check-out information

As you register your child for camp, we need to be aware of your plans for Friday check-out. Please fill this out:

Approximate time of pick-up (between 1:00 PM and 3:00 PM) - _____

Will your child leave with another parent? _____ who? _____

Or will you transport other campers? _____ who? _____

The athlete listed on this page is in good health and has my permission to participate in camp activities. And the information on this sheet is accurate and agreed to by me.

Parent signature _____ Date _____