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MAIL TO

Camp Arena Stage
1101 Sixth St., SW
Washington, DC 20024

Please indicate session

- 4-week
- 2-week
- Both sessions

CAMP ARENA STAGE | EMERGENCY INFORMATION

(to be filled out by parent/guardian)

Return to Camp Arena Stage by June 1, 2012

Camper

Name _____

Birthdate _____ Sex _____ Age on July 1, 2012 _____

Primary Parent/Guardian

Name _____

Daytime phone _____

Evening phone _____

Cell phone _____

Other Parent/Guardian

Name _____

Daytime phone _____

Evening phone _____

Cell phone _____

Emergency Contacts (3) in the event a parent/guardian cannot be reached

Name _____

Relationship _____

Phone _____

Name _____

Relationship _____

Phone _____

Name _____

Relationship _____

Phone _____

Physician

Name _____

Phone _____

Dentist

Name _____

Phone _____

Camp Arena Stage has my permission, if I cannot be contacted, to take my child to the emergency room at the nearest hospital, at my expense, and the hospital has my authorization to provide treatment the physician deems necessary for the wellbeing of my child. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of parent/guardian

Date

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CAMP ARENA STAGE | HEALTH INFORMATION

Date of last tetanus immunization _____

Please list any allergies (nuts, etc.). Describe their severity, reaction and treatment.

Please describe any medical conditions (asthma, etc.).

Please list all routine medications, dosage and purpose.

The following prescribed medication brought from home, clearly labeled with camper's name, dosage and times to be given and in its original container, may be dispensed to my child while at camp.

Please describe significant medical and surgical history.

Please list any activities to be excluded or limited.

I authorize Camp Arena Stage to administer the following medications to my child as needed.

Tylenol Yes No

Benadryl Yes No

Pepto-Bismol Yes No

Cough drops Yes No

Camper's Health Plan _____

Name Under Which Policy Is Held _____

Policy Number _____

I certify that all the above information is accurate and complete to the best of my knowledge. I understand that this information is confidential and will be used to ensure my child has the safest and healthiest camp experience possible.

Signature of parent/guardian

Date



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CAMP ARENA STAGE | PHYSICIAN'S REPORT

(to be filled out by licensed physician)
Return to Camp Arena Stage by June 1, 2012

A standard form, with signature, from your doctor's office may be submitted in lieu of this physician's report.

I have examined (camper's name) _____
on (date) _____.

In my opinion, this child's health does/does not preclude his/her participation in an active physical program. Does Does not

Please attach a copy of current immunization record.

This child is up to date on immunizations. Yes No
If no, please explain.

The applicant is under the care of a physician for the following conditions.

Current treatment (include current medication).

Explanation of any reported loss of consciousness, convulsion or concussion.

Does applicant have epilepsy? Yes No

Does applicant have diabetes? Yes No

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CAMP ARENA STAGE | PHYSICIAN'S REPORT

Treatment to be continued at summer program.

Dietary restrictions.

Medication to be administered at summer program (specific dosages).

Allergies.

Additional health information.

Signature of examining physician

Date

Printed name of examining physician

Address _____

City _____ State _____ ZIP _____

Phone _____