

**Dedham Community House Summer Camp
Pick-up Permission, Emergency Contact Information & Medical History Form**

Camper's Name _____ DOB ___/___/___ Age _____ Sex _____

I give the following persons permission to pick up my camper from the DCH Summer Camp.

Name _____ Phone () _____ - _____

Name _____ Phone () _____ - _____

Name _____ Phone () _____ - _____

I give the DCH Summer Camp staff permission to contact the following listed persons in case my camper has an emergency, after they have been unsuccessful in reaching myself or another parent or guardian.

Emergency Contact _____ Phone () _____ - _____

Emergency Contact _____ Phone () _____ - _____

Emergency Contact _____ Phone () _____ - _____

Doctor and Health Information:

Name of camper's Primary Physician: _____ Phone: _____

Allergies (please list): _____

Please list out all current Medications the camper is taking. For each medication please indicate if it is taken at home or at camp. _____

All medications taken and stored at camp (including Epi-pens and inhalers) must be in the original packaging.

A separate form that can be picked up at the camp office must also be filled out.

Attach to this completed form a copy of the last Primary Physician's Physical form of the camper.

To the best of my knowledge, this health history is correct; and the camper herein described has permission to engage in all prescribed activities of the camp except as noted above. Emergency Authorization: I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper as named above.

***Signature of camper's parent or guardian:** _____ **Date:** _____

*If for religious reasons you cannot sign this form, please contact the Summer Camp Director for a legal waiver that must be signed.