



Medical Form and Permission Slip
August 5-7, 2014
(Due Monday, August 4, at Parent Camp)

Student's Name:			
Home Address:			
Home Phone:		Parent(s) Work Phone(s):	
Parent(s) Cell Phone(s):			
Emergency Contact:		Relationship	
Phone (Day):		Phone (Evening):	
Physician:		Physician Phone:	
Height:	Weight:	Age:	Birthday:
Swimming Ability: Weak_____ Moderate_____ Strong_____			

Please note: Each student/family is responsible for any medical expenses, which should be covered by his/their own medical and accident insurance. The following questions must be answered for insurance records.

Is the student covered by a hospitalization/medical care policy?	Yes_____	No_____
Insurance Company:	Policy No.	
Address:	Phone:	



2020 Owl Camp Camp Medical Form and Permission Slip

Please list and explain any pre-existing condition that your son may have prior to attending Owl Camp on August 5-7, 2014. Please tell us if your son has allergies (food, environmental, etc.), asthma, seizures, a history of fainting or dizziness, or any other condition limiting or having an impact on his participation in outdoor activities.

Condition	Description	Medications (times given, dosage)

Please list any medications your son will need to take during the time he is at Camp Bear Track for Owl Camp. Please include the time and dosage of each medication to be given. Clearly-labeled medication in a Ziploc bag should be given to Julia DeBardeleben, Lower School administrative assistant, before 12:30 p.m. on Tuesday, August 5.

Permission Slip: Parent Signature Required

Consent is hereby given for my son to attend Owl Camp at Camp Bear Track, in Drasco, Arkansas, and permission is given for any emergency anesthesia, operation, hospitalization, or other treatment that might become necessary.

All information will remain confidential. Failure to disclose information about existing medical conditions could result in injury to the participant due to the outdoor activities in which he will be asked to participate.

I understand that the MUS faculty will try to remind my son to take any medications he brings; however, it is ultimately his responsibility to remember to take them.

Parent/Guardian Signature

Date