

Emergency Information Form - for Families attending Camp de Benneville Pines

This form is for use by the Medical Supervisor during camp only. After your retreat, the form will be shredded.
Camp policy does not include retaining medical records for adult or family campers.

Camp Dates

Parent (Primary Insured) at Camp _____ Birthdate _____
Last First Middle

Address _____
Street Address City ST Zip

Second Parent at Camp _____ Birthdate _____
Last First Middle

Child Camper _____ Birthdate _____ Age at camp _____
Last First Middle

Child Camper _____ Birthdate _____ Age at camp _____
Last First Middle

Child Camper _____ Birthdate _____ Age at camp _____
Last First Middle

Please include any additional family members on the back

Please be sure to have your health insurance card with you and accessible to the Health Supervisor at camp

Cabin

Insurance Information Is family covered by medical/hospital insurance? YES / NO
Carrier/Group _____ ID or Group# _____

Family Physician _____ Phone# _____

Emergency Contact not at camp: _____ Relationship _____
Home Phone _____ Cell phone _____ Business phone _____

Restrictions (indicate which family member is affected)

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other (describe) _____

Explain any restrictions to activity (what cannot be done, what adaptations or limitations are necessary)

Allergies & Illnesses - List all known	Describe reaction and usual management of reaction
_____	_____
_____	_____
_____	_____

Current Medications (OTC & RX)	If a family member requires an epi pen available at all times, please bring one to camp
_____	_____
_____	_____
_____	_____

I understand that if a family member or I become injured or ill while at camp, the Health Supervisor is authorized to determine if we require care outside the bounds of what is available in our wilderness setting. Due to de Benneville's isolation and elevation, any camper remaining ill for more than 12 hours may be asked to leave camp and may only return with authorization from a physician. I have been made aware that it may take 45 minutes or more, for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it may take substantially longer.

I hereby give permission for the camp Health Supervisor to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests to myself and my family members listed above. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the retreat organizers or the camp staff to arrange necessary related transportation. In the event of an emergency, I hereby give permission to the physician selected by the retreat organizers or camp staff to secure and administer treatment, including hospitalization to myself or my family members.

I agree to follow the safety rules of the camp and will ensure that my children also follow the rules.

Family Name

Signature of Parent at Camp _____ Date _____

Signature of Second Parent at Camp _____ Date _____