

**NEW ENGLAND BAPTIST COLLEGE**

SPORTS & MUSIC CAMPS

***Emergency Medical Information***

Camper's Name \_\_\_\_\_

please print : first middle last name

Home Phone #:(        ) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Please list any allergies the camper has had: \_\_\_\_\_

\_\_\_\_\_

Please list any diseases the camper has had: \_\_\_\_\_

\_\_\_\_\_

Please check if the camper is subject to:

Asthma Earache

Hay Fever

Bronchitis

Other \_\_\_\_\_

Please list any medications the camper takes regularly: \_\_\_\_\_

\_\_\_\_\_

In case of an emergency requiring medical care, please indicate in numeric sequence(1,2,3..) what you would like done:

Contact father:                      Name \_\_\_\_\_ Phone#(     ) \_\_\_\_\_

Contact mother:                      Name \_\_\_\_\_ Phone#(     ) \_\_\_\_\_

Contact personal physician:      Name \_\_\_\_\_ Phone#(     ) \_\_\_\_\_

Take child to nearest hospital.

Other Procedure: \_\_\_\_\_

By signing this, I hereby consent to my child, \_\_\_\_\_ going to the Summer Camp

In case of surgical emergency, I hereby give permission to the physician selected by the New England Baptist College Authority to hospitalize, secure proper treatment, and order injection, anesthesia or surgery for my child.

I understand and hereby agree to assume all of the risks to my child which may be encountered at said camp, including activities preliminary and subsequent thereto.

Parent or Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_