



KITSAP FOREST THEATER CAMP

GROW ♦ INSPIRE ♦ PERFORM

Camper Info & Medical Form

Camper Information

Camper Name _____ Birth Date _____ Age _____

Grade in fall: _____ M F

Street _____ City _____ State _____ Zip _____

Parent/Guardian 1 _____ Cell Phone _____

Alternate Phone _____ email _____

Parent/Guardian 2 _____ Cell Phone _____

Alternate Phone _____ email _____

Emergency Contact _____ Cell Phone _____

Alternate Phone _____ email _____

Medical Insurance Co _____ ID# _____ Group _____

Please check any existing conditions that apply:

- Allergies (please list) _____
- Diabetes Asthma Seizures ADD/ADHD Developmental Disorders
- Other health concerns _____

Please describe any special medical, behavioral or dietary concerns, allergies or physical conditions that may affect your child's participation in camp that you would like us to be aware. Use the reverse of this page if necessary. **If your child requires medication during camp, please fill out the Medication Forms.**

Authorization for Treatment

I hereby give permission to the First Aid or medical personnel selected by the camp director to provide treatment according to their assessment of my child's needs. In the event that I cannot be reached in an emergency, I hereby give permission for my child, as named above, to be transported by ambulance or aid car to an emergency center for treatment. I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will be responsible for any and all charges incurred in obtaining prompt medical attention.

Parent/Guardian Signature: _____ Date: _____



Camper Name: _____