

Coach Locks Unlimited, LLC
2024 Camper Medical Form

Please return this form filled out completely. We cannot admit any camper without the completed medical form.

First Name: _____ Last Name: _____ MI: ____ Age: _____ DOB: _____

Home Address: _____

Parent/Guardian Name: _____ Relationship to Camper: _____

Parent/Guardian Work Phone: _____ Parent/Guardian Cell Phone: _____

Physician's Name: _____ Physician's Phone #: _____

Additional Emergency Contact (cannot be same contact as above)

Name: _____

Relationship to Camper: _____ Phone Number: _____

Medical History

Are there any health problems, including physical, psychiatric, or behavioral problems of which we need to be aware? (Please check one)

- ☐ NO
☐ YES, Explain _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? (Please check one)

- ☐ NO
☐ YES, Explain _____

Immunizations

For campers **who reside within the United States, a United States territory, or the District of Columbia:**

1. State which camper resides: _____
2. Is this child exempt from any immunizations?
☐ NO
☐ YES, List them: _____

For campers who reside **outside the U.S., U.S. territories, or D.C.:**

Country in which child resides: _____ Attach department DHMH-896

I, the parent or guardian of the child named above, give permission for my child to receive emergency medical treatment (including treatment at a local hospital) as deemed necessary by our camp trainers and/or campus doctors and nurses. I hereby waive and release the camp management and staff from any liability for any injury or illness incurred while at camp. I understand that I will be fiscally responsible for any medical expenses incurred.

Signature: _____ Date: _____