

**Camp Saint John's
Camper Health Information**

1. The top of this form is to be filled out and signed by a parent or legal guardian.
2. **A separate form is to be submitted for each child that will be attending camp.**
3. After filling out the health and insurance information form, the remaining portion needs to be completed by your child(ren) physician and mailed to the following:

**Camp Saint John's
LeeAnn Peterson
378 Main Street
Shrewsbury, MA 01545
FAX 508 845-6799**

Camper's name _____

Address _____

Home phone number _____

Cell phone _____

Additional contact in case of emergency _____

Date of birth _____

Name of child's physician _____

Physician's address and phone number _____

Health insurance company _____

Policy number _____

Please attach a copy of your child's most recent physical.

Physician's signature and date _____

I, give my permission for Camp Saint John to administer emergency medical treatment to my child. I understand that if the emergency warrants an ambulance one will be provided by the town of Shrewsbury to transport my child to U Mass Medical Center, (the nearest hospital), for treatment.