

**THIS FORM MUST BE COMPLETED.
CAMPERS MAY NOT REGISTER WITHOUT IT.
Aloha Cross Country LLC
CAMPERS HEALTH FORM**

Name _____ Birth date _____ Age _____ Sex _____

Parent or Guardian _____ Phone () _____

Home Address _____
Street Number City State Zip

In emergency notify _____ Phone _____

Address _____

Past Illnesses: (check - giving approximate dates)

Asthma _____

Heart Trouble _____

Convulsions _____ Diabetes _____

Operations _____

Other Diseases or details of above _____

Recent Exposure to Contagious Disease _____

Any restrictions to swimming? _____

Is camper under any Special Medical or Dietary Regime to be continued _____

In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection anesthesia or surgery for my child as named above.

Signature _____
(parent/guardian)

Each camper is required to be covered by the family's commercial medical policy.

Insurance Co. name _____

Insured's Name: _____
Policy# _____

Date of Birth of Insured: _____