

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

Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

In emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

**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 \_\_\_\_\_

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**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:** \_\_\_\_\_