

CAMP WEGESEGUM MEDICAL FORM 2008

Last Name: _____ First Name: _____

Address: _____ Apt. No: _____

City: _____ Province: _____ Code: _____

Telephone: _____

Date of Birth: ____/____/____ Age: _____ M/F: _____

Medicare no: _____ Expiry Date: _____

Family Doctor's Name: _____

Doctor's Phone Number: _____

Has camper had a tetanus shot in last 5 yrs: Yes / No

Allergies: _____

Food Allergies: _____

In Case of Emergency, please contact:

Name: _____ Phone: _____

Work #: _____ Other#: _____

If on vacation while child is at camp, where can you be reached?

If special medical attention or treatment is required, please enclose an 8 1/2 x 11 letter of explanation that can be given directly to the Camp Nurse or monitor.

Junior CoEd and Middlers
June 29 - July 5

Sports Camp
July 13 - 18

Day Camp

Teen Co-Ed
August 17 - 23

Alumni Weekend

50 Plus Camp
September 9 - 12

Second camp choice: _____

Choice of cabin mate: _____

Please complete this form in FULL, or it will be returned for completion.