

Lazy Bucks Ranch Day Camp
Health Form

Camper's Information:

Name

Age

Date of Birth (MM/DD/YYYY)

Primary Physician

Physician Phone Number

Physician Address

Health Insurance Provider (Please bring your card with you on the first day of camp)

Conditions and Concerns

List ALL medications the Camper is on:

List ALL medical conditions:

List ALL behavioral conditions:

List ALL allergies:

Please list ALL medications that need to be distributed to the camper during the duration of their stay:

Medication

Time

Circle One: Daily M T W TH F AS NEEDED

Medication

Time

Circle One: Daily M T W TH F AS NEEDED

Notes:

I understand that I am responsible for providing any medication my camper may need for the duration of their time at Lazy Bucks Ranch.

By submitting this form, I hereby authorize Lazy Bucks Ranch to take all the necessary actions to ensure my camper's well-being and safety in case of emergency.

Signature

Date