

Return this form by deadline to
Camp Registrar
Woodson YMCA
707 Third Street
Wausau, WI 54403

CAMP/EMERGENCY MEDICAL RELEASE FORM

PARENT/GUARDIAN: PLEASE STAPLE A COPY OF BOTH SIDES OF YOUR MEDICAL INSURANCE CARD RIGHT HERE.

This form must be completed and presented to the Hospital at the time of service.
Make sure that all shaded areas of this form are completely filled in. (Please print legibly)
If all information is not complete, the parent/guardian will be billed as private pay and will be responsible for the bill.

Your cooperation is greatly appreciated, Thank You.

Parent/Guardian Authorization: This Health history is correct to the of my knowledge and the person herein described has permission t engage in all prescribed camp activities except as noted.

Emergency Authorization: I herby give consent to the medical personnel attending to the treatment for my child or myself to order x-rays, routine tests and treatment, and in the event I cannot be reached in a emergency, I hereby give consent to the attending physician to hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named on this form. This form may be copied.

Signature of

Parent/Guardian or adult camper: _____ Date: _____

I Understand and agree with the restrictions placed on my camp activites.

Signature of

Minor Camper (under 18): _____ Date: _____

Name of camp you are attending is YMCA Camp Nicolet Resident Camp

EMERGENCY ADMISSION INFORMATION

*Parent/Guardian – These questions will be asked of your child in the event that there is a need to take him/her to the Emergency Room if a hospital. Having this information available will expedite te admission process and treatment of injuries or illness.

CAMPER'S INFORMATION

Camper's Last Name: _____ Camper's First Name: _____ MI: _____

Camper's Birth Date: _____ Age: _____ Sex: _____

Camper's Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Parent's Work Phone: _____ Emergency Phone: _____

Camper's Social Security Number: _____ - _____ - _____ *over ->*

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Social Security: _____ - _____ - _____

Father's Birth Date: _____ Is Father living at same address as camper? Yes _____ No _____

Address (if different): _____

Employer's Name: _____ How Long?: _____

Employer's Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Are you Self-Employed: _____

Mother's Name: _____ Social Security: _____ - _____ - _____

Mother's Birth Date: _____ Is Mother living at same address as camper? Yes _____ No _____

Address (if different): _____

Employer's Name: _____ How Long?: _____

Employer's Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Are you Self-Employed: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relationship: _____

MEDICAL INSURANCE INFORMATION

Complete Name of the insurance company: _____

Complete billing address on card: _____

City: _____ State: _____ Zip Code: _____

Is this a PPO? Yes _____ No _____ If Yes, Please provide PPO Name: _____

Policy Holder's name as it appears on card: _____

Effective Date: _____ Group # _____ Group Name: _____

If Policy Holder's name is not a Parent, list Policy Holder's Employer's Full Address Below
