

# Manitou 2018

## *Medical information and agreements*

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cellular \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Family E-mail \_\_\_\_\_

### **Medical Information:**

Medical concerns \_\_\_\_\_

List of current medications \_\_\_\_\_

Dietary concerns \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy or Group # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### **Medical Authorization:**

**I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. I certify that my child is in good health and may participate in all camp activities.**

**Manitou, Camp Manitou for Boys, Peter Pereira (individually), and any or all other individuals associated with or working in partnership with Manitou are not responsible for accidents resulting in medical, dental or other expenses. Participants are fully responsible for any and all property damage.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Mail it to: Peter Pereira, 150 Fairway Dr. Attleboro, MA 02703**

**Or email it to: [peterpereira@comcast.net](mailto:peterpereira@comcast.net)**