



CAMP FRONTIER

P.O. BOX 2555, Riverview, FL 33568 1-888-977-2267
CampFrontier.com Administrator@CampFrontier.com

Emergency Contact, Medical History & Enrollment Agreement

(to be completed only by the child's parent or legal guardian)

Last Name _____ First Name _____ Middle Name _____
 Boy Girl Date of Birth ____/____/____ Age upon arrival ____ Grade Entering ____ Social Sec. # _____

Parent Name(s) _____
Home Address _____ City _____ State _____ Zip _____

Child resides with (check all that apply): Parents Father Mother Step-Father Step-Mother Other
Father: Home Telephone (____) _____ Cell (____) _____ eMail _____
Mother: Home Telephone (____) _____ Cell (____) _____ eMail _____

EMERGENCY CONTACTS (Please list three persons other than the above)

#1: Name _____ Home Phone (____) _____ Cell (____) _____ Relationship _____
#2: Name _____ Home Phone (____) _____ Cell (____) _____ Relationship _____
#3: Name _____ Home Phone (____) _____ Cell (____) _____ Relationship _____

Child's Doctor or Clinic: _____ Telephone (____) _____

Is the child covered by Medical Insurance? Yes No **Important:** Please provide a copy of your insurance card.
Any comments concerning emergency contacts: _____

(Please and give approximate dates)

- Frequent Ear Infection last event ____/____/____
- Heart Defect/Disease diagnosed ____/____/____
- Convulsions/Seizures last event _____
- Diabetes _____ Type _____
- Bleeding/Clotting Issues last event ____/____/____
- High Blood Pressure diagnosed ____/____/____
- Mononucleosis last event ____/____/____
- Psychiatric Treatment last event ____/____/____
- Strep Throat last event ____/____/____
- Lead Poisoning last event ____/____/____
- Sickle Cell diagnosed ____/____/____
- Head/Neck Trauma/Injury last event ____/____/____
- Broken Bones last event ____/____/____
List _____
- Chicken Pox last event ____/____/____
- Measles last event ____/____/____
- German Measles last event ____/____/____
- Mumps last event ____/____/____
- MRSA
- Other _____

Allergies and Allergic Conditions: _____

Medication Allergies: _____

Please list any food or beverage restrictions or allergies: _____

Has the child ever required hospitalization? Yes No
Explain: _____

Please list all operations or serious injuries with dates: _____

List any disabilities or chronic or recurring illness: _____

For Females: Has the child menstruated? Yes No
If No, does she understand about it? Yes No
If Yes, is her menstrual history normal? Yes No
Other information or instructions: _____

TO BE COMPLETED BY CAMP STAFF ONLY

Date of Arrival ____/____/____ Weight ____ lbs Temp. _____

Lice Check: Clear Present Action: _____

Any injury or illness: _____

Examined by: _____

Will the child be taking medications while at camp? Yes No

If yes, please list all and dosage instructions: _____

Date of Departure ____/____/____ Weight ____ lbs Temp. _____

Lice Check: Clear Present Action: _____

Any injury or illness: _____

Examined by: _____

OTHER INFORMATION

Child's Name _____

Any special information concerning braces, retainers, glasses: _____

Is the child prone to bed wetting? Yes No

Generally speaking, does the child interact well with other children? Yes No

Generally speaking, does the child interact well with adults? Yes No

Does the child have a history of violent or destructive behavior? Yes No

Please list any camp activities or programs in which the child may not participate: None, child may choose any activity

Please provide any information concerning this child which the Camp Frontier Staff may find helpful:

ENROLLMENT AGREEMENT

The above provided information is correct and complete to the best of my knowledge. I/We have read and understand the terms, policies and requirements of attending *Camp Frontier* and understand that signing this agreement confirms compliance. I/We give complete authorization for a representative of *Camp Frontier* to request and receive any medical treatment in the event of need. I/We accept full responsibility for the payment of all medical services provided. I/We release and hold blameless the employees, volunteers, and Board of Directors of *Camp Frontier, Inc.* from any and all claims of liability past, present and/or future. I/We accept the financial responsibility for any and all damage to facilities or personal property for which our Child is found to be responsible. I/We acknowledge that *Camp Frontier, Inc.* owns and has discretion over the use of all photographs and recordings created while the child is at camp. I/We understand that the total Tuition must be paid in full two weeks in advance to the scheduled arrival date and authorize the balance due (if any) to be charged to the provided credit card two weeks prior to arrival. I/We understand that any and all deposits, fees and or tuition amount paid is non-refundable even should the camper not attend, go home during camp or be expelled due to dishonest, disrespectful, inappropriate and/or violent behavior.

SIGNATURE:

X _____

DATE: ____ / ____ / ____

NAME (Printed) _____

Relationship to child: _____

This form MUST be notarized.

*Subscribed and sworn before me this
_____ day of _____, 2008*

by _____
who is known to me.

(Stamp/Seal)

Please mail this form to the Camp Frontier post office box no later than one week prior to arrival. If this is not possible, or should you have any concerns or questions, please contact the office by telephone or email.

Minors will not be admitted to Camp Frontier without this completed and notarized form.