

Fishing For Life Day Camp Emergency & Health Information Form

Please fill out completely and return to:

Fishing For Life • PO Box 19320, Minneapolis, MN 55419 • P 612-961-6833

Please use one form per child and print neatly. Use full legal names for all parties.

Child's First Name _____ MI _____ Last Name _____ Birthdate _____ Gender: F M

Child's Nickname _____ Grade in Fall 2022 _____ Age _____ This is my _____ year in FFL Summer Programs.

Child resides with Mother Father Both Other _____

#1 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender: F M Cell Phone (____) _____ E-mail _____

Parent/Guardian's Home Phone (____) _____ Work Phone (____) _____

#2 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender: F M Cell Phone (____) _____ E-mail _____

Parent/Guardian's Home Phone (____) _____ Work Phone (____) _____

Race/Ethnic Background (optional):

Black or African American White Hispanic or Latino American Indian/Alaskan Native Asian or other Pacific Islander Other _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached AND are authorized to pick up the child:

1. Name _____

Relationship to child _____

Phone: Cell (____) _____ Home/Work (____) _____

2. Name _____

Relationship to child _____

Phone: Cell (____) _____ Home/Work (____) _____

Do you carry family medical/hospital insurance? Yes No

Carrier _____

Policy/Group # _____

Family Doctor _____

Phone (____) _____

Family Dentist _____

Phone (____) _____

Month, date and year of most recent immunizations: **Information required including specific dates. Or attach Immunization Record.**

DTP _____ MMR _____ Tetanus _____

Polio _____ HIB _____ VAR _____

Hep B _____ Hep A _____ PCV _____

Or Conscientious Objector

Parent/Guardian Signature _____

Is the child taking any medications? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the Fishing For Life for this form.

Has child had any of the following? If so, please explain:

Allergies _____

Dietary restriction/s _____

Special Need/s _____

Status of child's vision, hearing, and speech _____

Description of any camp activities from which the camper should be exempted for health reasons: _____

Describe any current physical, mental, or psychological conditions

requiring medication, treatment, or special restrictions or considerations

while at Fishing For Life programs:

Record of Past Medical Treatment. Chronic Concerns: Check all that pertain to this camper/participant and provide information about supportive health care. Please check parent handbook for restrictions on staff administration of medication.

Asthma Convulsions/Epilepsy

Diabetes Hypertension

Frequent Ear Infections Surgeries

Bleeding/Clotting Disorder Heart Defect/Disease Other: _____

Provide information about health care need for each item checked :

_____ If special accommodations are required, contact Fishing For Life at 612-961-6833 to be directed to appropriate staff.

