

SOUTH CAROLINA NATIONAL GUARD YOUTH CAMP HEALTH RECORD

Name: _____ Male Female Date of Birth: _____
(Last, First, MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Please list information for two emergency contacts:

First emergency contact: _____ Relationship to Child: _____
Emergency Contact Telephone Number(s): _____

Second emergency contact: _____ Relationship to Child: _____
Emergency Contact Telephone Number(s): _____

**** IMPORTANT ****

This form must be filled out completely, signed, and returned to the State Family Program Office before **30 June 2010**.

HEALTH HISTORY: To be completed by the parent(s) or guardian(s). **All questions must be answered.**

Is the child in good health? Yes No (Check One)

Does the child suffer from allergies or require any medication(s)? Yes No (Check One)
If yes, please state type of allergies and or medication(s): _____

Does the child suffer from any illness, disease, or condition? Yes No (Check One)
If yes, please indicate specific illness, disease, or condition: _____

Name of treating physician: _____

Address of treating physician: _____

Telephone number of treating physician (including area code): _____

Is there any known physical disorder that might handicap the child while participating in the Youth Camp?

Yes No (Check One) If Yes, please list: _____

INSURANCE INFORMATION: **Attach a copy of the insurance card front and back to this form.**

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Holder: _____ Policy Number: _____

***** The South Carolina National Guard or Family Programs will not be responsible
for medical bills incurred by the campers*****

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APPROVAL OF PARENT(S) OR GUARDIAN(S):

I hereby voluntarily waive any claim against the South Carolina National Guard, the South Carolina Military Department, or the United States of America for any or all causes which may arise in connection with the participation of _____
in the South Carolina National Guard Youth Camp. (Camper's Name)

Signature

Date

MEDICAL TREATMENT PERMISSION STATEMENT

If my child, _____, becomes ill or injured while attending the South Carolina National Guard Youth Camp, I grant permission on behalf of the child's family for the South Carolina National Guard Youth Camp Program to seek medical assistance as may be deemed necessary.

Signature

Date

MEDIA RELEASE

My child, _____, may be interviewed and photographed by members of the media, to include newspapers, TV, etc. I give permission for the media to use these interviews and photos in their coverage of the South Carolina National Guard Youth Camp.

Signature

Date