

CAMP TAMARACK
HIGH SIERRA SUMMER CAMP
Box 521 Blue Lake, CA 95525 (707) 668-1601

CAMPER APPLICATION FORM
(A Separate Application Must Be Filled Out For Each Child.)

Name of Camper _____ Birthday _____ Age _____ Sex _____

School _____ Grade (next fall) _____ Siblings _____

Parent's or Guardian's Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Work Phone Mother _____ Work Phone Father _____

Cell Phone Mother _____ Cell Phone Father _____

Telephone Numbers Where Parents Can Be Reached During Camp, If Different Than Above:

Is camper a swimmer? _____ Date of last Tetanus shot? _____

Name of Physician _____ Phone _____

Are there other things we should know? Please explain any further information about physical or behavioral conditions that the camp staff should know about, such as sleepwalking, bedwetting (please send an easily laundered sleeping bag), epilepsy, fainting, asthma, hyperactivity, nose bleeds, etc. Please be as specific as possible:

Is there any additional information, which would be of help in promoting your child's welfare at camp? Please include any experiences that might be upsetting to your child:

We will be updating our brochure periodically and will be taking pictures of various activities at camp this summer. If we can use pictures with your child in them, please check YES _____. If we cannot use pictures with your child in them, please check NO _____.

Do you have any dietary restrictions (vegetarian, etc.)?

(over)

As-Needed Medications

If you do not wish to have your child treated using the following medications in the event of the presence of the symptoms indicated, please check the "No" column.

<u>Symptom</u>	<u>Treatment</u>	<u>NO</u>
Abdominal Pain	Maalox	
Nausea	Kaopectate or Homeopathic Remedies	
Allergy, Hives, Bites	Hydrocortisone Cream 1% or Benadryl Cream	
Constipation	Milk of Magnesia	
Cough	Robitussin DM	
Cuts	Hydrogen Peroxide and Neosporin Cream	
Diarrhea	Kaopectate or Imodium	
Earache	Acetaminophen or Homeopathic earache tablets	
Eye Irritation	Visine AC	
Fever, Flu: Headache	Acetaminophen, Ibuprophen or Homeopathic Remedies	
Menstrual Cramps	Acetaminophin or Ibuprophen	
Rash	Cortaid Cream	
Sore Throat	Warm Salt Gargle, Acetaminophin, Echinacea Spray or Homeopathic Remedies	
Sunburn	Calendula Cream	
Bruises, Sore Muscles	Arnica Cream and Homeopathic Tablets	

Medical Release Statement
(Must Be Signed By Parent Or Legal Guardian)

My Child _____ is in good health.
I will notify the camp director if my child is exposed to any communicable diseases during the two weeks prior to attending camp.
In Case of Medical Emergency, I give permission to the physician selected by the Camp Director, Health Care Provider, or other authorized camp staff member to secure proper treatment for, hospitalize and order injection, anesthesia or surgery for my child.

Parent/Guardian Signature _____

Printed Name _____ Date _____

Send completed application and \$150.00 non-refundable deposit to: Camp Tamarack Box 521 Blue Lake, CA 95525 (707) 668-1601.