

MEDICAL INFORMATION

River Center Foundation, P.O. Box 2450, Sequim, WA 98382 360-681-4076

Please mail this form to the River Center (P.O. Box 2450, Sequim) or bring it to the Dungeness River Audubon Center. Staff **must have medical information and a signed release form** for each Camper and Volunteer **before they can participate activities.**

Name _____ Date of Birth _____ Age _____

EMERGENCY CONTACTS

Parent(s)/Guardian(s) _____ Phone (h) _____ Phone (w) _____
Address _____ City/State/Zip _____

TWO EMERGENCY CONTACTS

Name/Relationship _____ Phone # _____
Address _____

Name/Relationship _____ Phone # _____
Address _____

Name of Physician _____ Phone # _____

Are you covered by medical insurance or medical card? _____
Carrier: _____ Policy # _____

HEALTH INFORMATION

Please fill out completely. Use other side if needed.

Are you taking and medications? If so, please describe. (Send with instructions and permission to administer)

Have you had any major illness or injury in the last three years? Please describe.

Do you have any allergies or medical alerts? If so, please list and tell the treatment plan. (asthma, bee sting, epilepsy, diabetes, heart defects, respiratory problems, social - emotional, physical, other, etc.)
