

**2024****CAMP AGAPE GENERAL MEDICAL AND  
EMERGENCY CONTACT FORM***Name (First and Last)**Required for ALL persons coming to camp*

<i>Date of Birth</i>	<i>Weight</i>	<i>Height</i>	<i>Primary Doctor</i>	<i>Doctor's Phone #</i>
				( ) _____

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
				( ) _____

<i>Emergency Contacts</i>				
<i>Name</i>	<i>Relationship</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Other Phone</i>
		( ) _____	( ) _____	( ) _____
		( ) _____	( ) _____	( ) _____
		( ) _____	( ) _____	( ) _____

***General Medical Information. If a section does not apply, do not leave it blank, instead write 'N/A'.***

List any allergies, including those to foods, medications and environmental factors:

List any serious past illnesses:

Detailed instructions for present illnesses:

Any restrictions to activities (swimming, sports, etc.):

Any other information we should have?

<i>Insurance Information</i>			
<i>Insurance Carrier</i>	<i>Policy Holder</i>	<i>Policy Number</i>	<i>Phone for prior authorization (if required)</i>
			( ) _____

<i>Covid Immunization Status</i>
While Covid-19 immunizations are not required at camp, <b>we highly recommend that all persons attending camp be fully vaccinated and boosted.</b> Please provide the month and year of each vaccine/booster received and/or infections with Covid-19. Immunization/Boosters: ____ / ____, ____ / ____, ____ / ____, ____ / ____, ____ / ____, ____ / ____ Covid-19 infections: ____ / ____, ____ / ____,