

2025**CAMP AGAPE GENERAL MEDICAL AND
EMERGENCY CONTACT FORM***Required for ALL persons coming to camp**Name (First and Last)*

<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>
				() _____

Emergency Contacts

<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?

Insurance Information

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