

CAMP BLUEBONNET
MEDICAL INFORMATION AND WAIVER FORM

Medical Information

Camper Name

Age at Camp

Insurance Company

Group Number

Policy Number

Insurance Phone Number

Please provide any pertinent health information; allergies, etc. (attach additional information as necessary):

Are immunizations current? Yes No

Date of last tetanus shot ___/___/___

Has your daughter menstruated? Yes No

If not, has she been told about it? Yes No

All medications and treatments must be turned in to Camp Nurse at Registration

I, the {father, mother, guardian} (circle one) of the girl named above, hereby delegate authority to the Directors of Camp Bluebonnet to arrange whatever medical treatment they deem necessary for her during her stay at the camp.

Photo Release

Also, I hereby authorize and consent the use and reproduction by Camp Bluebonnet staff or an authorized agent or assignee of any and all photographs taken of my daughter for the purpose of promoting Camp Bluebonnet, without any compensation to me. All film, together with any prints, shall constitute property of Camp Bluebonnet, solely and completely.

Hold Harmless

I hereby give permission for my daughter to participate in all activities conducted by Camp Bluebonnet. I agree to hold the director and staff harmless from any liability to anyone on account of any injuries to my daughter. I understand that Camp Bluebonnet cannot be responsible for lost or broken items.

I understand my daughter will comply with all cabin policies and procedures. I also understand, and will comply with all cancellation policies and procedures.

Parent/Guardian Printed Name

Signature

Date

Home Phone Number

Cell Phone Number

For questions please contact registrar at registrar.campbluebonnet@gmail.com

Please mail forms, and check to
CAMP BLUEBONNET
P.O. Box 19161
Houston, TX 77224-9161