

Please mail registration form and \$20 registration fee to:

CAMP IROQUOINA
2341 Camp Road HALLSTEAD, PA 18822.
Make checks payable to "His Camps Inc."

****Please register early, so we can prepare. If reg. and fee are not mailed by the days listed above, there is an additional \$15 dollar late charge. See Retreat Flyers for Retreat descriptions and fees or call the camp at 570 967-2577****

To be filled in by parent/guardian of minors or by adults themselves. For Fall, Winter, and Spring Retreat Season Only

NAME OF RETREAT ATTENDING: _____

Name _____ Gender _____ Birth date ____/____/____

Parent/Guardian _____ Home Phone _(_____)_____

Home Address _____ Work Phone _(_____)_____

City _____ State _____ Zip _____ Cell Phone _(_____)_____

Email _____

Emergency Contact (if parent/guardian cannot be reached), notify:

Name _____ Relationship _____

Address _____ Phone Number _(_____)_____

ALLERGIES: List all known allergies; describe the reaction and how the reaction is managed.

Medication allergies: _____

Food Allergies: _____

Other allergies (include insect stings, hay fever, asthma, animal dander, etc.):

Has camper ever been stung by a bee or wasp? _____ Yes _____ No

Medications (List all medications brought to camp. Continue on separate sheet if necessary.)

Medication	Dosage and Times taken each day	Reason for Taking

Dentist/Orthodontist _____ Phone Number _(_____)_____

Physician's Name _____ Phone Number _(_____)_____

Do you carry family medical/hospital insurance? YES NO

Insurance Company _____ Policy and/or Group # _____

Insurance Company Address _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization of Treatment:** In the event of an accident, injury, or sickness, I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, administer treatment and if necessary hospitalization for the above named person. I give my permission for the release of any records necessary for insurance purposes. I understand that every effort will be made to contact me; but in the event that I cannot be reached, I hereby give permission to the camp director (or a responsible staff member the director appoints) to act on my behalf.

Signature of Parent/Guardian or adult camper or staff member _____ Date _____

I understand and agree to abide with the restrictions placed on my camp activities.

Signature of camper _____ Date _____