

## Grand Valley State University Camp Medical Information Form 192 Fieldhouse, Allendale, MI 49401 Fax: (616) 331-3232

Section 1: Camper Information	Home		Phone
	Address		Camp
Name			Sport
			Camp Dates
Date of Birth			Office
Primary Car	e Physician		Phone
Is the camper currently being treated by a physic	an for an injury or illness?	Yes <b>6</b> No If yes, explain:	
List all medical conditions the staff should be a	vare of: List all medica	tion the camper is currently taking:	List all allergies the camper has:
Section 2: Insurance Information			Day
	Address		Phone
Policy Holders Name			Cell/ Pager
Policy rioliters name			Evening
Date of Birth Social Security #	-		Phone
Insurance Company	Address		Phone
Group Number Pla	ı Number	Contract Number	Policy Number
Group Number Pla  Section 3: Emergency Contact	1 Number	Contract Number	Policy Number
	n Number	Contract Number	
	n Number  Daytime Pho		Policy Number  Evening Phone
Section 3: Emergency Contact			
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Section 3: Emergency Contact			
Section 3: Emergency Contact  Name  As the parent/guardian of the camper 1	Daytime Pho	the following as a condition of	
As the parent/guardian of the camper I participation in the Grand Valley State University I give my permission to GVSU, St. Ma	Daytime Pho Sted above I hereby agree to rsity (GVSU), summer camp ry's Hospital, Spectrum Heal	the following as a condition of	Evening Phone  SERT CAMPER'S NAME 's  unity Hospital, Metropolitan Health Care
As the parent/guardian of the camper I participation in the Grand Valley State Unive I give my permission to GVSU, St. Ma System or other health care providers to prov the GVSU summer camp program. I underst	sted above I hereby agree to rsity (GVSU), summer camp ry's Hospital, Spectrum Heal de, seek, obtain, or approve and that this authorization is good to be a seek obtain.	the following as a condition of	Evening Phone  SERT CAMPER'S NAME 's  unity Hospital, Metropolitan Health Care health care during the campers involvement in osis, or treatment or medical care being
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