



**Kamp Ka-Mee-Lin Medical Form**

Post Falls Parks & Recreation Dept.  
408 N. Spokane St. Post Falls, ID 83854  
Phone: 208.773.0539

**Camper Information**

Camper's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Gender: M  F   
Home Address: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Second Parent/Guardian: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Healthcare Provider Information**

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Preferred Local Hospital: \_\_\_\_\_

**Insurance information**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_  
My child may have sunscreen applied during the day: YES  NO   
Medical concerns (past health problems, medications, etc.): \_\_\_\_\_  
\_\_\_\_\_  
Limitations on activities: \_\_\_\_\_  
Behaviors of which staff should be aware: \_\_\_\_\_  
\_\_\_\_\_  
How this behavior should be addressed: \_\_\_\_\_  
\_\_\_\_\_  
Additional comments: \_\_\_\_\_  
\_\_\_\_\_

**Pick Up Authorization**

The following individuals are authorized to pick up my child:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I give my child permission to participate in camp activities and trips. I give consent in advance for my child to receive any emergency medical treatment deemed necessary by Camp Ka-Mee-Lin personnel while participating in the summer camp program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date