

Cedar Lodge

www.cedarlodge.com

PO Box 218 Lawrence, MI 49064

(269)674-8071 - (269)674-8072

Fax.# (269)674-3143 E-mail: campcedarlodge@gmail.com

Name: _____ Birth Date _____ Age _____ Sex _____
Last First Initial

Parent or Guardian: Name _____ Phone() _____

Home Address: _____
Street and Number City State Zip

If not available in an Emergency please notify:

1) _____ Relationship _____ Phone: () _____
Name

Street and Number City State Zip

2) _____ Relationship _____ Phone() _____

Street and Number City State Zip

Health History: (Check and give approximate dates)

Allergies:

Diseases:

Ear Infections:	Hay Fever	Chicken Pox:
Rheumatic Fever:	Poison Ivy (etc.)	Measles:
Seizures:	Insect Stings	German Measles:
Diabetes:	Penicillin	Mumps:
Behavior Concerns:	Other Drugs	Asthma

Operations or Serious Injuries: _____

Chronic or Recurring Illness _____

Other Diseases or Details of Above: _____

Specific Activities to be encouraged? _____ Discouraged? _____

Important: Please notify camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

Medical Emergency Care Authorization: (required by the State of Michigan for the care of your child)

I hereby consent to routine, non-surgical medical care for the above minor child while a resident at Camp Cedar Lodge. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature _____ Date: _____