

# Oakridge Camp Classen Outdoor School Emergency, Health and Medical Information

Counselor Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Counselor T-Shirt size: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Date of last tetanus shot (required):** \_\_\_\_\_

Any health concerns or physical limitations we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Subscriber Policy Number: \_\_\_\_\_

\_\_\_\_\_ I have attached a copy of **BOTH** sides of my insurance card. I will assume responsibility for any medical charges not covered by my insurance company.

\_\_\_\_\_ I have no insurance coverage, but I will assume responsibility for medical charges incurred.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_