

Vermont does not mandate a physician's signed health form; your answers are required to assist us in identifying appropriate care in the event of an emergency. Camp Neringa provides First Aid on site and has an agreement with Brattleboro Primary Care for medical treatments in the event of injury or illness.

HEALTH INFORMATION for CAMP NERINGA

Counselor in Training (CIT) Emergency Contact Information

Name _____
First Middle Last

Birth Date _____ / _____ / _____ Age at camp _____ Weight _____ Sex: M / F
Month Day Year

Home address _____
Street address City State Zip

Home phone _____ E-Mail _____ Social Security Number _____

Name of parent(s)/guardian(s) _____

Best telephone number in case of emergency: Mother/Guardian _____ Father _____

If parent is not available in an emergency, please notify: Name _____ phone _____

CIT's Physician _____ Physician's phone _____

Insurance Information

***please attach copy of insurance cards*

Health insurance carrier/plan name _____ Coverage Date _____

Carrier Address _____ Carrier Phone _____

Contract Holder/Subscriber ID#: _____ Social Security #: _____ Date of Birth _____

Group #: _____ Plan: _____

CIT's relationship to contract holder/subscriber: _____

Circumstances permitting a decision regarding care, should the CIT be brought to
A. An emergency room or B. To a physician's office? _____

Allergies: List all known and describe reaction and management of the reaction.

Medications: Please list all medication (including nonprescription drugs) taken routinely.

Additional Information: Please specify any additional health conditions or information about the CIT that would be useful during an emergency.

Signature of Parent/Guardian _____ **Date** _____



PARENT AUTHORIZATION IF <18 years old

I, _____ hereby grant permission to my child

_____ to participate in the Camp Neringa, Inc. volunteer counselor in training program. I understand that my child will be responsible for her/his own safety and behavior while at Camp Neringa and that they must uphold the mission and policies of Camp Neringa.

In case of an accident or illness requiring immediate medical attention, I hereby give my permission to the staff selected by Camp Neringa to secure and administer treatment for the above named CIT. I give my permission to Camp Neringa to provide or arrange necessary related transportation. I agree to indemnify Camp Neringa from any and all debts, liabilities and expenses incurred as a result of any medical treatment given to my child.

I give permission for my child to leave for supervised hikes or outings that may require transportation by car or bus.

I authorize the camp to take, use and publish photographs and videos of my child for its records or public relations.

I have reviewed the CIT responsibilities with my child. I understand that my child will be withdrawn from camp programs should she/he disrespect the rules of Camp Neringa or the physical and emotion health and safety of other campers.

Signature of parent/guardian _____ Date _____

COUNSELOR IN TRAINING STATEMENT

I, _____ have read, fully understand, and intend to uphold the mission, Personnel Policies, and Counselor Guidelines and Responsibilities of Camp Neringa and my job description.

Signature _____ Date _____