

MEDICAL INFO

PHYSICIAN _____ PHONE _____
DENTIST _____ PHONE _____
HOSPITAL PREF. _____ DATE OF LAST PHYSICAL _____
INSURANCE CARRIER _____ POLICY/GROUP # _____

ADDITIONAL INFO

MEDICAL HISTORY (circle one)

Autism Y N ADD/ADHD Y N
Frequent Ear Infections Y N Heart Defect/Disease Y N
Convulsions Y N Diabetes Y N
Bleeding/Clotting Disorder Y N Hypertension Y N
Tetanus Innoc. Date Y N Asthma Y N

Other _____
ALLERGIES (circle one)
Food Y N specify: _____ Poison Ivy, etc. Y N specify: _____
Medicine Y N specify: _____ Insect Stings Y N specify: _____
Other _____

Details of above (use additional sheet if needed): _____

Current Medications (send prescriptions in original bottle): _____

Operations or serious injuries: _____

Disability due to chronic or recurring illness: _____

Any specific activities encouraged or limited by physician's advice: _____

Special needs (physical, social, or psychological) for camp counselor awareness: _____

Additional information about your child(ren) we need to know: _____

I hereby declare the above history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither The Riviera Club nor any of its paid staff or volunteer workers can be held responsible in the event of an accident.

I understand the Club reserves the right to cancel any campers' enrollment or dismiss a camper whose conduct, influence, or behavior is deemed unsatisfactory to the best interest of camp. No refund will be issued. A code of conduct form will be signed by each camper.

Signature of Parent/Guardian (authorization for THIS page) _____ Date _____

Riviera 2018



December 26th-28th

January 2nd-4th



