

Family Physician/Pediatrician (Must be filled in – Print)	
Physician/ Pediatrician Name – Print Above ↑ ↑	Office Phone # - Print Above ↑ ↑
Address – Print Above	
I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities except as noted below.	
Physician's Signature ↑	Date

Allergies/Allergic Reactions (check all that apply)							
	Insects/Bees	Penicillin	Other Meds	Food	Environmental	Anaesthetic	other
No							
yes							
Severe							
Moderate							
Mild							
Antidote for Insects/Bees		Limitations/Restrictions of activities at Camp					
Benadryl		<input type="checkbox"/> Swimming <input type="checkbox"/> Canoeing <input type="checkbox"/> Sailing <input type="checkbox"/> Boogie Boarding <input type="checkbox"/> Waterskiing <input type="checkbox"/> Repelling <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Ropes Course <input type="checkbox"/> Other <input type="checkbox"/> No Restrictions Notes:					
Anakit							
Epikit							
Camper Cared for and Administered							
Nurse cared for and Administered							

Ophthalmologist (Must be filled in)	
Name – Print Above ↑ ↑	Office Phone # - Print Above ↑ ↑
Address – Print Above ↑ ↑ ↑ ↑ ↑	

Please indicate your T-Shirt size							
Adult S	Adult M	Adult L	Adult XL	Adult XXL	Adult XXXL	Child 6/8	Child 10/12 Child 14/16

In Case of Emergency, Accident or Illness, please contact	
Print Name Above	Home Phone
Address	Work Phone
Vacation Address	Vacation Phone
Cell/Pager	Relationship to Camper

***GUIDE DOGS:** It is the responsibility of the camper to feed, exercise and clean up after their dog.
***IMPORTANT:** NCB camps are smoke-free. There is a zero-tolerance policy for alcohol and illegal drug use. Firearms, weapons or explosives are not allowed at camp. Sexual promiscuity is not allowed at camp.