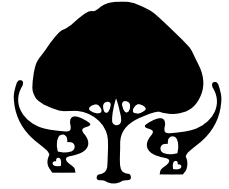


G U I L F O R D  
F R E E L I B R A R Y



4024 Guilford Center Road | Guilford, VT 05301-8454 | 802-257-4603 | [guilfordfreelibraryvt.org](http://guilfordfreelibraryvt.org)

## Medical Information Form Library Camp

Camper's name (prefers to be called):

Camp attending:

Camper's physical address:

Family email address:

Parent/Guardian full name and phone number (1):

Parent/Guardian full name and phone number (2):

In case of emergency, please contact (other than parent/guardian listed above):

1

2

Family physician (include phone number):

Health insurance company:

Policy number:

Activity restrictions:

Allergies:

Does your child need to carry a bee sting kit?

YES

NO

*If so, please make sure they bring it to camp each day.*

*(continued on back)*

Medical conditions (e.g. diabetes, epilepsy):

Operations or serious injuries (include dates):

Current medications:

If we need to oversee your child taking medication, please provide details.

Other pertinent information:

Most recent immunizations:

Rubella:            Polio:                    Mumps:            Tetanus:            COVID:

If there are any other special needs that we should be aware of to help us in caring for your child, please explain on a separate piece of paper.

I hereby give permission to Guilford Free Library Camp Staff to carry out standard first aid and CPR, and give permission to medical personnel selected by the camp directors to order x-rays, routine tests, and/or treatment, and to release any records necessary for insurance purposes. I give camp staff permission to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

\_\_\_\_\_  
Parent/Guardian Signature  
*(If you do not have a Digital ID, print out and sign)*

\_\_\_\_\_  
Date

I understand and agree to the following camp rules: respect myself, respect my fellow campers and the staff, and respect the environment and the library I play and learn in. I understand that if I am not respectful, I may be asked to leave camp.

\_\_\_\_\_  
Camper Signature  
*(If you do not have a Digital ID, print out and sign)*

\_\_\_\_\_  
Date

*This form will be held in confidence and be released only to appropriate individuals.*