

Need-To-Know Information

Camper Name _____

Parents Names _____

Home Phone(s) _____ Cell Phone(s) _____

Work Phone(s) _____

Address _____

Insurance Company _____

Policy # _____

Insured Party _____

Coinsurance _____

Permission to administer medicine/provide medial assistance:

I, _____, give permission for my son/daughter,
_____, to receive any and all medical assistance deemed necessary
while he/she is at a Lighthouse event or outing.

Disability/Health Issues (Please be very complete so that we can best insure the health
and safety of your camper):

Medications: _____

Times to be administered: _____

Purpose of medications: _____

(Please Note: Unless otherwise indicated, your son/daughter's leader will administer medications.)

Allergies: _____

Over-the-counter meds that your child may have to use as needed:

Food Restrictions: _____

Shunts/Implants/Devices we should know about:

Any extra information regarding behavior/likes/dislikes/discipline that you would like us to know? Please describe below.