Camp Michigania

Blue Teen Overnight – In case of emergency

Camper's Name:	
Date of Birth:/	/ Cabin #:South or North
Current Medications:(staff do not administer medications (not including EPI	pens for emergency treatment). Please do not send more medication than will be used.)
Known allergies of this camper, including alle	ergies to medicine:
Other medical problems which should be not	ted:
Emergency Contact (Parent/Guardian):	
Relationship to Camper:	Cell Phone:
Where will you be Thursday evening? (in cas	e staff need to contact you; we recommend you not leave camp)
Home Address:	
City/State/Zip:	
Family Physician:	Phone #:
Insurance Carrier:	Policy #:
Signature of Parent/Guardian:	Date:
	Parent Permission to Participate
to tak teens will return to main camp between 7:30 remain as a group and will not return to cam	for the above Blue Teen Overnight participant, I give permission for e part in the overnight activity. I understand that it begins at 7pm Thursday and the Dam-8am (prior to Friday breakfast). I understand that once the group embarks, the will up unless determined by staff as necessary, individually escorted by a staffer or as a ces, such as: 1) inclement weather, or 2) a medical emergency. In addition, I understand camp policies.
If it should become necessary and I am not a	ble to be contacted, I give Camp Michigania staff and/or administration permission to
	gets emergency medical attention/or transportation to emergency medical attention.
Signed:(Parent/Guardian,	Date: /Adult Responsible for Teen)
	For Teen Participant
together and will not return to main camp un emergency) require the group or individuals policies and understand that my commitmen	evernight Activity is an overnight commitment. Once the group departs, we will remain intil the following morning, unless unforeseen circumstances (like weather or another to return. I will not leave the group without permission. I agree to abide by all camp it is important to future of this program at camp. I understand that first period on quipment from the overnight and I will help with this process.
Signed:	Date: