

Camp All-Stars 2021

Medical information and agreements

Camper Name _____

Address _____

City/Town _____ State _____ Zip _____

Phone _____ Cellular _____

D.O.B. _____ Age _____ Male _____ Female _____

Parent/Guardian Name _____

Emergency contact _____ Phone _____

Family E-mail _____

Medical Information:

Medical concerns _____

List of current medications _____

Dietary concerns _____

Insurance Company _____

Policy or Group # _____

Family Doctor _____ Phone _____

Medical Authorization:

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary 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 my child as named above. I certify that my child is in good health and may participate in all camp activities.

Camp All-Stars, Camp Manitou for Boys, Camp Somerset for Girls, Peter Pereira (individually), and any or all other individuals associated with or working in partnership with Camp All-Stars are not responsible for accidents resulting in medical, dental or other expenses. Participants are fully responsible for any and all property damage.

Parent/Guardian Signature: _____ Date: _____

Mail it to: Peter Pereira, 150 Fairway Dr. Attleboro, MA 02703

**Or email it to: peterpereira@comcast.net or upload from the website
www.peterapereira.com**