

Historic Lyme Village  
Pioneer Camp Medical Form

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**EMERGENCY CONTACTS** (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Work/Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Second Contact's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Work/Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper's needs):

Does your camper have any medical conditions, allergies, or special needs the staff should know about? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_