



NON-Family Child Attendee Medical Records (For Parents to fill out)

Please fill out this form so that your child's may accompany another family at a Fowler Event. Please send this completed form with your child to Camp Fowler to attend. Please write the event name your child is attending:

My signature here-in certifies, gives permission and indicates my understanding that:

1. All information is correct.
2. Photos of my child can be used in camp publicity.
3. My child may be transported for camp activities.
4. My child's medical records can be released in case of illness/injury.
5. In the event that I can't be reached, I give permission to the Physician selected by the Fowler Director to hospitalize, select treatment for, order medications, anesthetize, and/or perform surgery on my child named here-in.
6. My child's medical records can be released incase of illness/injury.
7. In the even I cannot be reached, I give permission to the Physician selected by the Fowler Director to hospitalize, select treatment for, order medications, anesthetize, and/or perform surgery on the child named above.

As the parent/guardian of I have read the above and my signature signifies my permission, acceptance and understanding.

Parent/Guardian Signature:

Date:

My child **DOES** have permission to swim according to the Fowler and NYSHD guidelines. These include: a) only with certified lifeguards, b) only at sites that are designated safe, and c) no diving or jumping from heights.

My child **DOES NOT** have permission to swim at Fowler Camp & Retreat Center.

Health Insurance Records

(Fowler provides secondary accident coverage. Your insurance will be the primary coverage.)

Your Insurance Company

Group # Identification #

OR None

Medical History *(Mark N/A if none otherwise please be specific)*

Food Allergies (list)	
Medication Allergies (list)	
Insect Allergies (list)	
ADHD	
Asthma	
Learning Disabilities	
Fainting	
Special Diet	
Serious Operation	<input type="checkbox"/> NO or <input type="checkbox"/> YES - DATE (if yes please explain)

With any "yes" to above please enclose a detailed statement regarding the child's present condition and medical history.

Please return this completed form and all medical records (ie: Immunization & Over-The-Counter drug release form) to Fowler Camp & Retreat Center, 1790 Grand Blvd., Schenectady, NY 12309 (518-631-6789).