



Camp McCumber Counselor Application Medical Emergency Release Form

Lions Clubs International District 4-C1 Health Foundation Diabetic Camp at Camp McCumber.

Name: _____

Social Security #: _____

Address: _____
(Street) (City) (State, ZIP)

Birth date: ____/____/____ Sex: M___ F___

Do you currently have health insurance? Y___ N___

If yes, insured by: _____ Policy # _____

Permission in Case of Emergency:

In the event emergency that incapacitates me in any way, due to illness or injury, I hereby grant permission for the required medical service to be performed.

Signed: _____ Date Signed: _____

If Counselor is a minor, this form must be signed by a parent or guardian.

Parent or Guardian Signature _____ Relationship _____

Date Signed: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City, State & ZIP: _____

Phones, Home _____ Cell _____