

Vermont does not mandate a physician's signed health form; your answers are required to assist us in identifying appropriate care in the event of an emergency. Camp Neringa provides First Aid on site and has an agreement with Brattleboro Primary Care for medical treatments in the event of injury or illness.

HEALTH INFORMATION for CAMP NERINGA

Counselor in Training (CIT) Emergency Contact Information

Name: _____
First Middle Last

Birth Date: _____ / _____ / _____ Age at camp: _____ Weight: _____ Sex: M / F
Month Day Year

Home address _____
Street address City State Zip

Home phone: _____ E-Mail: _____ Social Security Number: _____

Name of parent(s)/guardian(s) _____

Best telephone number in case of emergency: Mother/Guardian: _____ Father: _____

If parent not available in an emergency, please notify: Name: _____ Phone: _____

CIT's Physician: _____ Physician's phone: _____

Insurance Information

***please attach copy of insurance cards*

Health insurance carrier/plan name: _____ Coverage Date: _____

Carrier Address: _____ Carrier Phone: _____

Contract Holder/Subscriber ID#: _____ Social Security #: _____ Date of Birth: _____

Group #: _____ Plan: _____

CIT's relationship to contract holder/subscriber: _____

Circumstances permitting a decision regarding care, should the CIT be brought to

A. An emergency room or B. To a physician's office? _____

Allergies: List all known and describe reaction and management of the reaction.

Medications: Please list all medication (including nonprescription drugs) taken routinely.

Additional Information: Please specify any additional health conditions or information about the CIT that would be useful during an emergency.

Signature of Parent/Guardian _____ Date _____



camp: 147 Neringa Road, Brattleboro VT 05301 tel: 802-254-9819
office: 600 Liberty Highway, Putnam CT 06260 tel: 860-928-7955

Parent Authorization if <18 years old

I, _____ hereby grant permission to my child _____ to participate in the Neringa, Inc. volunteer counselor in training program. I understand that my child will be responsible for her/his own safety and behavior while at Neringa and that they must uphold the mission and policies of Neringa. I understand that my child will participate in adult-oriented discussions and activities including the Virtus Protecting God's Children Child Sexual Abuse Awareness Program.

In case of an accident or illness requiring immediate medical attention, I hereby give my permission to the staff selected by Camp Neringa to secure and administer treatment for the above named CIT. I give my permission to Camp Neringa to provide or arrange necessary related transportation. I agree to indemnify Camp Neringa from any and all debts, liabilities and expenses incurred as a result of any medical treatment given to my child.

I give permission for my child to leave camp for supervised hikes or outings that may require transportation by car or bus.

I authorize the camp to take, use and publish photographs and videos of my child for its records or public relations program.

I have reviewed the CIT rules with my child. I understand that my child will be withdrawn from camp programs should s/he disrespect the rules of Camp Neringa or the physical and emotional health and safety of other campers.

Signature of parent guardian _____ Date _____

Counselor in Training Statement

I, _____ have read, fully understood, and intend to uphold the mission and policies of Neringa, Inc.

Signature of CIT _____ Date _____