

Camp Tamarack  
American Baptist Churches of WI  
E879 Golke Rd, Waupaca, WI 54981

**FAMILY, GRANDPARENT or ADULT CAMP ANNUAL INFORMATION FORM - 2022**

**ALL CAMPERS MUST FILE THIS FORM EACH YEAR**

**This form with up-to-date information must be completed, signed and turned into the  
Camp Director at time of registration for your camp.**

#1 Name _____	Birth date _____	List Allergies _____	M or F _____	Age _____
COVID _____	Date of shot #1 _____	Date of shot #2 _____	Booster _____	Manufacturer _____
#2 Name _____	Birth date _____	List Allergies _____	M or F _____	Age _____
COVID _____	Date of shot #1 _____	Date of shot #2 _____	Booster _____	Manufacturer _____
#3 Name _____	Birth date _____	List Allergies _____	M or F _____	Age _____
COVID _____	Date of shot #1 _____	Date of shot #2 _____	Booster _____	Manufacturer _____
#4 Name _____	Birth date _____	List Allergies _____	M or F _____	Age _____
COVID _____	Date of shot #1 _____	Date of shot #2 _____	Booster _____	Manufacturer _____
#5 Name _____	Birth date _____	List Allergies _____	M or F _____	Age _____
COVID _____	Date of shot #1 _____	Date of shot #2 _____	Booster _____	Manufacturer _____
#6 Name _____	Birth date _____	List Allergies _____	M or F _____	Age _____
COVID _____	Date of shot #1 _____	Date of shot #2 _____	Booster _____	Manufacturer _____
#7 Name _____	Birth date _____	List Allergies _____	M or F _____	Age _____
COVID _____	Date of shot #1 _____	Date of shot #2 _____	Booster _____	Manufacturer _____
#8 Name _____	Birth date _____	List Allergies _____	M or F _____	Age _____
COVID _____	Date of shot #1 _____	Date of shot #2 _____	Booster _____	Manufacturer _____

Adult Contact Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Phone number \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**I understand that the camp does not carry health/accident insurance and I accept responsibility for the cost of medical care which may not be covered by my own medical/hospital insurance.**

**I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me in an emergency in the event I cannot act on my own behalf and none of the persons listed under Emergency Persons on this form can be reached.**

*I also give my permission for the use of pictures including above campers to be used in promotional camping displays and brochures, without monetary reimbursement.*

\_\_\_\_\_  
Signature of adult/parent/grandparent

\_\_\_\_\_  
Date

**For Grandparent's camp a parent signature below gives the Grandparent permission to make decisions on behalf of the grandchild and in emergency the Camp Director is granted permission to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery.**

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance

\_\_\_\_\_  
Policy #

**If a camper has ANY classic COVID symptoms: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea – DO NOT come to camp as we will send the camper home immediately.**