

**CAMP TAMARACK**

**HIGH SIERRA SUMMER CAMP**

Camp Director: Sanford Miller, 4300 Earnscliff Avenue, Fair Oaks, CA 95628

Camp Administration: Sabine Ehrenfeld, Tel: 818-716-9127

**CAMPER APPLICATION (One child per application)**

Send completed 2-page application to Sabine Ehrenfeld, 9909 Topanga Canyon Blvd. #191, Chatsworth, CA 91311. (Please make your non-refundable deposit of \$150.00 at this time.)

Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Sex: M \_\_\_ F \_\_\_

School \_\_\_\_\_ Grade (next fall) \_\_\_\_\_ Siblings \_\_\_\_\_

Parents' or Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mother Home# \_\_\_\_\_ Father Home# \_\_\_\_\_

Mother Cell# \_\_\_\_\_ Father Cell# \_\_\_\_\_

Mother Work# \_\_\_\_\_ Father Work # \_\_\_\_\_

E-Mail Mother \_\_\_\_\_

E-Mail Father \_\_\_\_\_

Any additional names and phone numbers you would like us to call if necessary:

\_\_\_\_\_

Is camper a swimmer? Yes \_\_\_ No \_\_\_ Date of last Tetanus shot: \_\_\_\_\_

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

Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Customer Number \_\_\_\_\_

Do you have any dietary restrictions (vegetarian, etc.)? Yes \_\_\_ No \_\_\_

If Yes, please specify: \_\_\_\_\_

Can we use pictures of your child in future brochures and advertising? Yes\_\_No\_\_

**Are there any other things we should know?**

**Please explain any further information that the camp staff should know about any physical or behavioral conditions, such as sleepwalking, bedwetting, epilepsy, fainting, asthma, hyperactivity, nose bleeds, etc.:**

\_\_\_\_\_

**Health and Medications:**

We administer homeopathic remedies in cases of colds, coughs, allergies, bites, diarrhea, sore throat, etc. For pain we will administer acetaminophen and ibuprofen.

If there are certain medications **you do not** want your child to receive, let us know:

Please do NOT administer the following medications to my child:\_\_\_\_\_

**If your child needs regular medications**, please send a sufficient supply with a full and clear description of how and when they need to be administered.

**My child takes regular medication** Yes\_\_No\_\_

**Medication**\_\_\_\_\_

**Dosage and Frequency**\_\_\_\_\_

When necessary, we will not hesitate to take a child to the doctor's office or emergency room. **It is imperative that the medical release form below be signed!**

**Medical Release Statement**  
**(Must Be Signed By Parent or Legal Guardian)**

My child\_\_\_\_\_ is in good health.

I will notify the Camp Director if my child has been exposed to any communicable diseases during the two weeks prior to attending camp.

In case of Medical Emergency, I give permission to the physician selected by the Camp Director, Health Care Provider, or other authorized camp staff member to secure proper treatment for, hospitalize, and order injection, anesthesia, or surgery for my child.

**Parent/Guardian Signature**\_\_\_\_\_

**Printed Name**\_\_\_\_\_ **Date** \_\_\_\_\_