



Waterton Lions Leadership Camp Personal Medical Form

Basic Information:

First and Last Name: _____

Address: _____

Date of Birth: _____ Gender: _____

Phone Number: _____ Email: _____

Preferred Prounous & Name: _____

Health Insurance:

Carrier Name: _____

Address: _____

Group Number: _____ Subscriber Number: _____

Ambulance Coverage: _____

Doctor Information:

Doctor Name: _____

Phone Number: _____

Address: _____

Health Information:

Current Medication: _____

Medication Allergies: _____

Epi-Pen: _____

Allergies: _____

Recent Illness: _____

Recent Surgeries: _____



Waterton Lions Leadership Camp Personal Medical Form

Dietary Information:

Food Allergies: _____

Vegetarian: _____ Vegan: _____

Diabetic: _____ Other: _____

Emergency Contacts:

Name & Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name & Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Camp Use Only:

Name: _____

Cabin Number: _____

Please fill out this form right on your computer and
email it to watertonlionslc@gmail.com
Or print, fill out, scan, and email back your
completed form.