



Camp Choconut

PO Box 10 - Friendsville, PA 18818 (570) 553-2995

Winter address: 5790 Robin Street, St. Paul, MN 55126

www.campchoconut.com

(651) 338-3042

fred.lorber@campchoconut.com

Camper Application Summer Session 2010

Camper's Name _____ Age _____ Date of birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Camper's Email (optional) _____

Parent/Guardian Name _____

Occupation _____ Work Phone _____ ext. _____

Cell Phone _____ E-mail _____

Parent/Guardian Name _____

Occupation _____ Work Phone _____ ext. _____

Cell Phone _____ E-mail _____

Current medications (all medications MUST be given to the Director/Primary Care Staff on arrival):

1) _____

2) _____

3) _____

4) _____

Emergency Contacts:

Primary Physician _____ Phone _____

Primary Psychiatrist/ Psychologist _____ Phone _____

Primary Emergency Contact _____ Home phone _____

Relation to Camper _____ Work phone _____

Email _____ Cell phone _____

Secondary Emergency Contact _____ Home phone _____

Relation to Camper _____ Work phone _____

Email _____ Cell phone _____

Alternate Contact _____ Home phone _____

Relation to Camper _____ Work phone _____

Email _____ Cell phone _____

Insurance Information:

Insurance Company _____

Group Number _____ ID Number _____

Phone _____

Please describe special needs or concerns (bed-wetting, physical handicaps, food allergies, other allergies, etc...):

1) _____

2) _____

3) _____

4) _____

Other areas of concern you would like to express:
