



MSU DESIGN DISCOVERY

Please print or type and fill in completely.

Camper Information

Camper: _____

Last First Middle

Home Address: _____

Street Number

City State Zip Code

Home Phone: _____ Mobile Phone: _____

Office Use Only

Room# _____

Hall _____

Key Ret'd _____

Counselor _____

Emergency Contact: _____

Name Phone

Address Relationship to Camper

Health Information

Date of Last Tetanus Shot: _____

Significant Health Problems: _____

Food Allergies: _____

Drug Allergies: _____

Current Medications: _____

Health Insurance

Insurance Company: _____

Mailing Address: _____

Street City State Zip Code

Phone#: _____ Policy#: _____ Group#: _____

Insured's Name: _____ Relationship to Applicant: _____