



Camper Medical/Health Form

Camper Name: _____ Birthdate: _____

Church: _____ Medical Insurance: Y / N

Allergies with their reactions:

Medical Problems/conditions:

Medication: _____ Frequency: _____ Dosage: _____

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***** All meds/supplements/vitamins/etc. MUST be given to the camp nurse upon arrival in their ORIGINAL bottles.*****

Special Conditions: (sleepwalking, fainting, bedwetting, etc.)

Behavioral, Emotional, Health Problems including infectious diseases:

Restriction of Activities: Yes / No If yes, please explain:

Immunization Records:

Date: _____ Immunization: _____

Date: _____ Immunization: _____

Date: _____ Immunization: _____

Date of last Tetanus Shot: _____

Emergency Contact other than Parent/Guardian:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name of persons to whom camper can be released other than parent/guardian:

1. _____ 2. _____

I certify that his information is COMPLETE and correct to the best of my knowledge.

Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Home Phone #: _____ Cell #: _____ Date: _____

Family Physician and Number: _____

Medical Insurance Policy Carrier Name (Parent/Guardian): _____

***** PLEASE ATTACH A COPY OF THE FRONT AND BACK OF MEDICAL INSURANCE CARD *****