

# DAY CAMP HEALTH FORM

THIS FORM IS TO BE COMPLETED AND BROUGHT TO CHURCH. PLEASE MAKE SURE ALL INFORMATION IS CORRECT.

Camper's Name _____ Sex _____ Birth date _____ Last First Middle
Home Address _____
City _____ State _____ Zip _____
Parent/Guardian Name _____
Home Phone ( ) _____ Business Phone ( ) _____
If not available, in an EMERGENCY contact: Name _____ Phone ( ) _____

## Part One --- Parental Authorization

I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although LRCC has taken measures to minimize the risk of injury to camp participants, LRCC cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending physician secured by the church to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

If you carry medical insurance, please indicate:

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Carrier Phone Number ( ) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ SS# \_\_\_\_\_

## Part Two --- Health Information

### Basic Health History:

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> asthma      | <input type="checkbox"/> bleeding disorders | <input type="checkbox"/> diabetes      |
| <input type="checkbox"/> heart defect            | <input type="checkbox"/> convulsions | <input type="checkbox"/> epilepsy           | <input type="checkbox"/> hyperactivity |
| <input type="checkbox"/> hypertension            | <input type="checkbox"/> bedwetting  | <input type="checkbox"/> sleepwalking       |  |

### Allergies:

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> penicillin       | <input type="checkbox"/> serious poison ivy | <input type="checkbox"/> bee stings |
| <input type="checkbox"/> hay fever        | <input type="checkbox"/> food allergies     | <input type="checkbox"/> aspirin    |
| <input type="checkbox"/> other (specify): |   |                                     |

**Immunizations:** All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.

\_\_\_\_\_ DPT                      \_\_\_\_\_ Polio                      \_\_\_\_\_ Measles

\_\_\_\_\_ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster." \_\_\_\_\_)

Operations, Serious or Chronic Illnesses:

Dietary Modifications While At Camp:

Prescription Drugs Camper Brings to Camp:  
(include instructions)

## Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 24 months.

Physical Restrictions:

Date of Last Physical \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Phone # of Family Physician \_\_\_\_\_ (     ) \_\_\_\_\_