

**Word of Life Bermuda
Camper Health Information & Emergency Contact Form**

Child's Name: _____

Parent or Guardian or emergency contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

Is this camper taking any prescription medication? ____ If so what? _____

Chronic or recurring illness or medical condition _____

Swimmer: YES / NO (please circle) Name any camp activity he/she should not participate in _____

Food Allergies or Restrictions _____

The health and immunizations history is correct so far as I know. My son/daughter has permission to engage in all prescribed camp activities, which include water skiing (if applicable), except as noted by me and the examining physician and has permission to leave the camp grounds for camp related outings and purposes. I realize that my camper's picture and/or testimony may be used in the future promotion of Word of Life.

I understand that all medicines, vitamins, etc. must be given to the camp nurse upon arrival and that they must be in the original containers. Illegal drugs, weapons and similar items are not permitted at camp. Word of Life reserves the right to search for and remove such items from anyone suspected of possessing them.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my son/daughter, in the event I cannot be reached I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. This form may be photocopied for use out of camp.

Signature of parent or Guardian: _____ Date: _____

Immunization History (Dates of last shot)

DPT ___/___/___

Polio ___/___/___

MMR ___/___/___

Tetanus ___/___/___

Health History (Check)

___ Chicken Pox

___ Diabetes

___ Insulin

___ Epilepsy

___ Non-Insulin

___ Hearing Problems

___ Inflammatory Bowel Disease

___ Mumps

___ Orthopedic Problems

___ Polio Myelitis

___ Rubella (German)

___ Speech Defect

___ Asthma

___ Chorea

___ Diphtheria

___ Frequent Colds

___ HIV Positive

___ Hay Fever

___ Kidney Disease

___ Mononucleosis

___ Otitis Media

___ Rheumatoid Arthritis

___ Tuberculosis or TB Contact

___ Venereal Disease

___ Bronchitis

___ Chronic Intestinal Problems

___ Eczema

___ Frequent Sore Throats

___ Hives

___ Infectious Jaundice/Hepatitis

___ Measles

___ Operations

___ Pneumonia

___ Rheumatic Fever

___ Sinusitis

___ Whooping Cough