



## 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:

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 shots) - D/M/Y

DPT     /     /     Polio     /     /     MMR     /     /     Tetanus     /     /

### Health History (Check all that apply)

Chicken Pox	Asthma	Bronchitis
Diabetes	Chorea	Chronic Intestinal Problems
Insulin	Diphtheria	Eczema
Epilepsy	Frequent Colds	Frequent Sore Throats
Non-Insulin	HIV Positive	Hives
Hearing Problems	Hay Fever	Infectious Jaundice/Hepatitis
Inflammatory Bowel Disease	Kidney Disease	Measles
Mumps	Mononucleosis	Operations
Orthopedic Problems	Otitis Media	Pneumonia
Polio Myelitis	Rheumatoid Arthritis	Rheumatic Fever
Rubella (German)	Tuberculosis or TB Contact	Sinusitis
Speech Defect	Venereal Disease	Whooping Cough

Additional Information: