

Please Complete Both Pages Of This Form

Camp Chippewa Camper Health Information

Campers will not be allowed to stay at camp without completing and returning this form to the office for filing! Activities you could possibly be involved in at camp but not limited to: Bible lesson, Worships, cookouts, horseback riding, boating, hiking, swimming, fishing, crafts, wagon ride, archery, initiatives games, field sports, and low ropes activities. Campers with special needs are encouraged to contact the Camp Director or other site staff before coming to camp.

Name: _____ SS# (optional): _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth _____ Telephone: _____ Camp Attending: _____

Parent/Guardian - Emergency Information

= Spouse/Mother/Guardian's Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____
Telephone: Home _____ Work _____ Cell _____

= Spouse/Mother/Guardian's Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____
Telephone: Home _____ Work _____ Cell _____

= Emergency Contact Name: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

Doctor Information

= Doctor's name _____ Office Number _____

Date of last health examination (within past 2 years): _____

Are immunizations current for the person (circle one): Yes | No Date of LAST TETANUS SHOT: _____

This individual is physically fit to participate at camp he/she is registered for (circle one): Yes | No

Signature of Doctor: _____ Date: _____

Insurance Company _____ Policy # _____

Health History

Check each area as it applies, so that our Health Supervisor will be aware of your camper's needs.

Current Tetanus Protection History Of Chronic Infection Diabetes Heart Condition

Skin Diseases Fainting Regular Medications

Food Restrictions Hearing Aid Allergies To Bee Stings Asthma

ADD/ADHD Convulsions/Seizures Nose Bleeds

Bed Wetting Wear Contact Lens Significant Allergies Sleep Walking Menstruated (Females Only) Blood Disorder (Explain Under Chronic Conditions)

Medications

Medications brought to camp must be in **ORIGINAL** containers, clearly labeled, and placed in a ziploc bag with camper's name on it (to be kept in a locking container, or with the Health Care personnel at Camp.)

Prescription drugs to be taken (use additional paper as needed and attach to form):

1. Medication/Rxname: _____ Frequency: _____ Dosage: _____
2. Medication/Rxname: _____ Frequency: _____ Dosage: _____
3. Medication/Rxname: _____ Frequency: _____ Dosage: _____
4. Medication/Rxname: _____ Frequency: _____ Dosage: _____

Drug allergies or other chronic conditions: list other conditions that require ongoing attention.

Physical Restrictions: list chronic conditions that restrict activity; i.e. heart, lung, arthritis, etc.

Food restrictions: list food allergies, restrictions due to prescriptions, etc.

Over-the-counter medications, I may need while at Camp.

The Camp carries a supply of over the counter medications; please do not bring additional medications with you. Check in with the health care personnel for these items.

Ear Drops For Swimmer's Ear? Caladryl Lotion ?

Antacids For Upset Stomach ? Tylenol /Acetaminophen?

Cough Medicine/Cough Drops? Medication for Diarrhea? Motrin/Ibuprofen? Throat Lozenges For Soreness? Benadryl /Diphenhydramine? Sudafed /Pseudoephedrine?

Parent/Guardian/My CONSENT FOR MEDICAL TREATMENT AND MEDICATIONS

I hereby give my permission to the medical personnel selected by the Camp Director/Site Director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide for or arrange necessary related transportation for my child/or myself. I also give my permission to release information on this form for the purpose of assisting with medical treatment.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director/Site Director to secure and administer treatment, including hospitalization, for the person named above. I also give permission for the selected physician to release information about my camper to the camp representative and to discharge my camper into the custody of the camp representative when treatment is complete. This completed form may be photocopied for trips off site of the camp. I also understand the Camp Staff will contact me or my emergency contact persons as soon as they are able in the event of any such emergency that concerns my child or myself.

Signature of Parent/Guardian _____ **Date:** _____
Signature of Participating Adult _____ **Date:** _____