

# CAMPER HEALTH FORM

(For Day Camp and Children's Camp)

## Form 2

**CAMPER NAME:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **CHURCH** \_\_\_\_\_

**CONTACT PHONE #:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### CAMPER HEALTH CARE INFORMATION

All prescription and non-prescription medications must be kept with the nurse for administration in accordance with the physician's prescription and parent's instructions listed on the form. With the exception of prescription inhalers, campers are not allowed to keep or self-administer any medications. If your child requires prescription or non-prescription medications while at camp, please complete the Medication Dosage/Time Chart. Prescription medications must be in original containers with prescription labels. List any medical problems, medical alerts, allergies or other relevant health information.

### PERSONAL/FAMILY CARE INFORMATION

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

### MEDICAL HISTORY/IMMUNIZATION RECORD

List Any Allergies: \_\_\_\_\_

Is your child allowed to Swim? Yes or No (**Circle one**)

Asthma yes or no If yes, list asthma medication: \_\_\_\_\_

Diabetes yes or no If yes, list diabetic medication: \_\_\_\_\_

Heart Trouble yes or no Fainting Spells yes or no

Chicken Pox yes or no Measles yes or no

Convulsions yes or no Immunizations up to date? yes or no

List all other conditions: \_\_\_\_\_

### MEDICATION DOSAGE/TIME

<u>Medication</u>	<u>Dosage/Time</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>

**NOTE:** Prescription medications must be in **ORIGINAL CONTAINERS** with prescription labels.

Please place medications and a copy of this page in a **one quart zip lock bag** and turn in at registration.