

## **Health Information**

Child's Full Name:	Sex:
Child's Birthdate:	School grade finished:
Child's Address:	
State/Zip	Home Telephone:
Home Church Child Attends	
Pastor's Name	Church Telephone
Emergency Contact Person:	
Home Phone:	Work Phone:
Child's Social Security Number:	
Doctor's Name:	Phone:
Dentist's Name:	Phone:
Insurance Co.:	Policy #:
Additional Emergency Contact:	
Telephone Number	
Year of last tetanus shot:	
List any current illnesses or medical conditions:	
List type and amount of medications camper is currently taking:	

Check any of the following the camper is subject to:

- |  |  |
|--|--|
| <input type="checkbox"/> Fainting      | <input type="checkbox"/> Convulsions   |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Bed-wetting   |
| <input type="checkbox"/> Hay Fever     | <input type="checkbox"/> Headaches     |
| <input type="checkbox"/> Colds         | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Upset Stomach | <input type="checkbox"/> Other _____   |

## **Medical Release Statement**

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the camp staff or counselor to secure the services of a licensed physician or Emergency room of a Hospital to provide the care necessary, including anesthesia, for my child's well being. I also understand that I or my insurance company am responsible for the medical cost incurred.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_