

CAMP MEDICAL FORM

CAMPER/COUNSELOR NAME: _____ DATE OF BIRTH: _____

MEDICAL INSURANCE CARRIER & POLICY #: _____

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CHILD'S IMMUNIZATION HISTORY?

Fully-Vaccinated Partially-Vaccinated Unvaccinated

WHEN WAS YOUR CHILD'S LAST VACCINATION FOR TETANUS (Tdap)? _____

DOES YOUR CHILD HAVE A HISTORY OF ANY OF THE FOLLOWING MEDICAL CONDITIONS?

If any apply, please briefly explain your child's symptoms and treatment plan.

Asthma* Kidney Problems Dizziness Stomach Issues
 Constipation Bed Wetting Other (explain)

**This is a very physically-active and rustic camp. Children with asthma should bring their inhaler to camp!*

DOES YOUR CHILD HAVE ANY ALLERGIES?

If any apply, please describe your child's reaction, medication, & treatment plan. Children with anaphylactic allergies should bring their epi-pens to camp!

Food allergies*: _____

Medication allergies: _____

Environmental allergies (grass, dust, smoke): _____

Insect allergies (stings/bites): _____

Seasonal allergies: _____

**Our camp kitchen cannot accommodate food allergies. Parents are responsible for sending food for their child with food allergies for the week. Speak to your church camp representative ASAP for more info.*

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATIONS?*

If so, list the medication's name, purpose, dosage amount & dosage time.

**All medication must be checked in at arrival with the camp nurse. Bring it in a Ziploc with the camper's name clearly labeled. Medication must be in its original packaging. Prescription medication must have a pharmacy label with the camper's name listed.*