

Summer Camp Health/Medical Form:

This form will be kept with the First Aid Director

Camper Name: _____
Father: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Birth Gender: _____
 Boy Girl Birthdate: ____/____/____
Mother: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Camper's Primary Residence is with: Both Parents Mother Father Other _____

Other Emergency Contacts (For your camper's safety, this person MUST speak English.):

Name: _____
Relation to Camper: _____
Phone: _____

Name: _____
Relation to Camper: _____
Phone: _____

Parent/Camper Agreement:

I understand as a parent/guardian I am responsible for my child's medical obligations. In an emergency, I give permission to the physician selected by the camp to hospitalize, secure treatment, & order any other treatment(s) necessary under the Medical Practice Act for my child. I give permission to the health care providers at Victory Ranch to give over-the-counter medication & administer any other treatment to my child as they deem necessary. I have read, understand, & agree to the above.

Parent/Guardian Signature

Date

Camper Medical Information:

Current Medications taken regularly: _____

Special Conditions: _____

Allergies (please list/check): _____

- Asthma Bee Stings Heart Trouble Measles Mumps Menstrual Cramps Sleepwalking Swimming Restrictions

If your child is currently taking medication, PLEASE send medicine to camp in the original, labeled container.

Recent exposure to contagious disease: _____

Immunizations up to date: Yes No Date of last tetanus shot: _____

Insurance Company: _____ Policy #: _____

Address: _____ Phone #: _____

I authorize the following individuals (family member, church, etc.) to pick up my child from camp:

Office Use Only

Health Supervisor Statement:

Screening to identify evidence of illness, injury, or disease has been completed.

Date: ____/____/____

Health Supervisor Signature

Signature of person picking up child

Date

Valid ID

Signature of person checking ID

Date