2018 Youth Camp Health/Medical Form:

This form will be kept with the First Aid Director

Name _____ Birth Gender: Boy ☐ Girl ☐ Birthdate: _____/_____/_____

Father _____ Mother _____

Home: ( )_____ Home: ( )_____

Cell: ( ) _____ Cell: ( ) _____

Work: ( ) _____ Work: ( ) _____

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

Other Emergency Contact(s): _____

(For your camper's safety, this person MUST speak English)

Relation to Camper: _____ Relation to Camper: _____

Phone: ( ) _____ 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.

_____

Signature of Parent or Guardian **Date**

Current Medications taken regularly: _____

Special Conditions: _____

Allergies (please list/check): _____

☐ Asthma ☐ Bee Stings ☐ Heart Trouble ☐ Measles ☐ Mumps ☐ 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 individual(s) (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**