2024 Winter Camp Health/Medical Form:

This form will be kept with the First Aid Director

Camper Name: ______________________ Birth Gender: ☐ Boy ☐ Girl Birthdate: ____/____/____

Father: ______________________ Mother: ______________________

Home Phone: ______________________ Home Phone: ______________________

Cell Phone: ______________________ Cell Phone: ______________________

Work 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: ______________________ Name: ______________________

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.

____

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**