

Mini 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 _____

Designated Adult Supervising Camper (if different from parent/guardian listed above.):

Name: _____

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 designated adult listed above or 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:

If your child will be taking medication while at camp, please send medicine in the original, labeled container.

Current Medications taken regularly: _____

Special Conditions: _____

Allergies (please list/check): _____

Asthma Bee Stings Heart Trouble Measles Mumps Swimming Restrictions

Recent exposure to contagious disease: _____

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

Insurance Company: _____ Policy #: _____

Address: _____ Phone #: _____

Office Use Only

Health Supervisor Statement:

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

Date: ____/____/____

Health Supervisor Signature