

**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**