

# CAMPER'S HEALTH FORM

MUST BE COMPLETED AND SIGNED BY PARENT OR LEGAL GUARDIAN (Please Type or Print Legibly)

Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_ Gender: M/F  
Last First Mid Initial

Parent/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Parent/Guardian EMAIL \_\_\_\_\_

In an emergency notify designated individual for emergency decisions if parent cannot be reached:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Policy No. \_\_\_\_\_

## HEALTH HISTORY (CHECK ALL THAT APPLY)

\_\_\_ Allergies \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Does camper have any physical limitations that would prevent him/her from participation in camp activities? Y/N

\_\_\_ Cardiac Problems \_\_\_ Lung or Breathing Problems \_\_\_ Diabetic \_\_\_ Seizure History \_\_\_\_\_

Precautions/Meds \_\_\_\_\_ Other \_\_\_\_\_

**Please list date of all immunizations (month and year) or attach shot records.**

DPT - baby shots \_\_\_/\_\_\_ Tetanus-Diphtheria \_\_\_/\_\_\_ Polio \_\_\_/\_\_\_ Measles (Hard/Red) \_\_\_/\_\_\_

Rubella (German Measles) \_\_\_/\_\_\_ Mumps \_\_\_/\_\_\_ Hep B \_\_\_/\_\_\_/\_\_\_ Other \_\_\_/\_\_\_

Other health information we should know \_\_\_\_\_

Date of last physical exam (Within Past 24 Months) \_\_\_/\_\_\_ (If physical within the past 24 months is attached and physician's signature is ON physical, you do not need to have physician sign this form again.)

IS YOUR CHILD TAKING PERSCRIPTION MEDS \_\_\_ YES \_\_\_ NO IF YES, PLEASE LIST ON AN ATTACHED SHEET WHY AND INSTRUCTIONS FOR USE. THE PHYSICIAN'S SIGNATURE WILL SERVE AS AN ORDER FOR OUR CAMP NURSE TO ADMINISTER THIS PERSCRIPTION DRUG.

**PHYSICIAN SIGNATURE (REQUIRED BY STATE) \_\_\_\_\_ DATE \_\_\_\_\_**

**Please Note:** Your teen will NOT be permitted to attend camp without a parental or guardian signature on this form, and they MUST have a physician's signature, required by STATE LAW. If there is not a physician's signature or current physical (within 24 months) attached, you will be responsible to take your student to get a physical from a local physician. No physicals will be given at camp. Otherwise your student will be sent home at your expense. Thank you!

1. You have my permission to treat/medicate my minor child per the camp nurse.
2. I give my permission for my minor child to be treated by the staff of the designated Emergency Room.
3. In case of an extreme emergency, I give my permission for necessary surgical procedures.
4. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above.
5. I hereby give permission to the camp counselor and/or other members of the camp staff to inspect the contents of any or all of my child's personal belongings and to withhold and/or dispose of any improper or illegal contents.
6. My child is able to participate in all of the events of the camping program (i.e. ropes course, climbing wall, water slide, inflatables, archery, etc.) including the trips and activities off the grounds.
7. Any photo of my child may be used in promotional material.
8. We reserve the right to search all personal belongings for suspected contraband for the safety and protection of all.
9. I understand the Rocky Mountain Ministries Network is not responsible for my child enroute to and from camp, and I release the Rocky Mountain Ministries Network from any claims, demands, or liabilities arising from my child's participation in the camping program. Camp Counselor refers to a person in charge of a group of children at camp and does not imply that they are licensed to give counsel.

**SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_**