

CAMP HEALTH FORM

(To be completed by parent/guardian if participant is a minor)

Name: _____ Weight: _____ Height: _____ Sex: F ___ M ___

PART I - Is the camper in general good health and able to participate in all normal camp activities:

___ YES ___ NO If not, please explain _____

Date of last complete physical examination: _____

Immunization: Date of last Tetanus shot _____

Health Concerns: Food Allergies _____

Allergic to: Penicillin _____ Sulfa _____ Insect Stings _____ Poison Ivy _____ Latex _____

Subject to Bedwetting _____ Asthma _____ Convulsions _____ Skin Rash _____ Fainting _____

Recent surgery: _____

Recent exposure to communicable disease: _____

Heart Disease: _____ Athlete's Foot: _____

Vision (check one): _____ eye-glasses _____ contact lenses

Information Camp Director should have: Additional volunteer staff may be needed to provide adequate supervision for any special needs. Camper may need to be sent home if sufficient information is not provided in this space. _____

Physical limitations _____

Mental limitations: _____

Emotional stress: _____

Behavioral disorders: _____

Medications: If parent/guardian sends any medications, it is required to be in the original container, with name and instructions printed on container.

If applicant is on any regular medication, state drug and dosage: _____

Applicant may have: ___ Acetaminophen ___ Ibuprofen ___ Aspirin ___ Antihistamine

Swimming ability: ___ Non-swimmer ___ Beginner ___ Intermediate ___ Advanced

Part II - Person to notify in case of emergency:

Name: _____ Relation to Applicant _____

Phone (Home) _____ (Business) _____ (Other) _____

Physician - Name _____ Phone _____

HEALTH CARE POLICIES

The medical payments provided to participants is written on an excess basis. This means that if the inferred party has other valid coverage that coverage would be primary and the Christian Church in Kansas would pay in excess to that other insurance. If there is no other coverage, then the Christian Church in Kansas coverage would be considered primary. Accidents that occur at any event or activity (on or off premises and including the use of boats) are covered.

Part III - Health and Accident Insurance: Please send a copy of the Insurance Card and provide the following information:

Name of Company _____

Policy Number _____

Part IV - In case of accident or illness:

I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for (name of applicant).

Signature: _____ Date: _____