

- Kids Camp ~ June 10-14, 2019
 Counselor Camp Health & Release

Church: _____

Cabin: _____
Camp Use Only

2019 AZ CAMP HEALTH AND RELEASE RECORD

Last Name	First Name	Grade Entering	Birth Date	M F Sex
Home Address			Home Phone	
City	State	Zip		
Parent/Guardian 1	Birth Date	Cell Phone		
Parent/Guardian 2	Birth Date	Cell Phone		
Physician's Name			Physician's Phone	

If Parent/Guardians are not available in an emergency, notify:

1. _____ Phone _____
 2. _____ Phone _____

Insurance Company	Insurance #	Group #
<input type="checkbox"/> Copy of insurance card is attached	<input type="checkbox"/> Copy of immunization record is attached	

MEDICAL INFORMATION

IMPORTANT: Please notify the Camp Director if this child has been exposed to any communicable diseases 3 weeks prior to coming to camp. Please state type of exposure:

GENERAL HEALTH Does child have/ever had problems with (provide details for questions answered "yes"):

	Yes	No		Yes	No		Yes	No
Recent illness or injury			Breathing/asthma			Vision		
Surgery			Heart			Ear		
Frequent headaches			Blood clotting			Nightmares		
Skin			Seizures			Bedwetting		
Fainting spells or dizziness			Walking/orthopedic			Sleepwalking		
Chronic/recurring illness/ condition (diabetes, cancer, etc)			Emotional/psychiatric			Stomach/bowel		
						Other		

ALLERGIES	Yes	No	Unknown	Anaphylactic	EpiPen Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hay fever					Give details, past reactions and usual treatment:
Bee stings					
Peanuts					
Medication					
Food allergies					
Other (latex, etc)					

FOR FEMALE Has she menstruated? Yes No If not, has she been told about it? Yes No

NUTRITIONAL/DIETARY INFORMATION please check all that apply:

- does not eat red meat
 does not eat pork
 does not eat eggs
 does not eat dairy
 other:

MEDICATION

Will your child require medication while at camp? Yes No Maybe

Please bring all medications usually taken, in ORIGINAL containers, and enough for entire stay at camp (include an extra dose for accidental spills). Prescription bottle instructions MUST match information provided below.

Medication	Dose	Times taken each day	Reason/Diagnosis	Special instructions

This section **GIVES** or **DOES NOT GIVE** permission for the Camp Nurse to provide your child OTC medicines while at Camp.

OTC Medication	Yes	No	Dose based on weight/age per pkg instructions	Other dosage instructions
Acetaminophen/Tylenol			<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen/Advil/Nuprin			<input type="checkbox"/>	<input type="checkbox"/>
Antacids			<input type="checkbox"/>	<input type="checkbox"/>
Antihistamine/allergy			<input type="checkbox"/>	<input type="checkbox"/>
Topical hydrocortisone			<input type="checkbox"/>	<input type="checkbox"/>
Ear and eye drops			<input type="checkbox"/>	<input type="checkbox"/>
Skin disinfectant/antiseptic			<input type="checkbox"/>	<input type="checkbox"/>
Topical antibiotic ointment			<input type="checkbox"/>	<input type="checkbox"/>
Sun screen			<input type="checkbox"/>	<input type="checkbox"/>
Sunburn treatment			<input type="checkbox"/>	<input type="checkbox"/>
Aloe vera			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

