REGISTRATION/ MEDICAL CARD

Male Female

camper name

camp session **dates**

grade **age at camp** **birthdate**

church sponsoring

parent/guardian

address

city **state** **zip**

emergency phone #

health insurance company

insurance ID # **group #**

physician's name **phone #**

HEALTH HISTORY-*CHECK (✓) THOSE THAT APPLY*

- ☐ CHICKEN POX
- ☐ ASTHMA
- ☐ CONVULSIONS
- ☐ DIABETES
- ☐ EAR TROUBLE
- ☐ EMOTIONAL PROBLEMS
- ☐ EPILEPSY
- ☐ HEART TROUBLE
- ☐ SKIN PROBLEM
- ☐ BED WETTING

ALLERGIC TO:

- ☐ PENICILLIN
- ☐ INSECT STINGS
- ☐ OTHER(LIST)

IMMUNIZATION RECORD–CHECK *(✓)* IF IMMUNIZED AGAINST

- ☐ POLIO
- ☐ DIPHTHERIA
- ☐ MEASLES
- ☐ SMALL POX
- ☐ WHOOPING COUGH
- ☐ RUBELLA

DATE OF LAST TETANUS BOOSTER:_____

LIST ANY ACTIVITY RESTRICTIONS AND/OR MEDICATION THAT YOUR CHILD IS ON: (attach additional sheets if necessary)

If the health history identifies health problems or activity limitations, a physical examination must be performed by a licensed physician within one year before admission to camp, including instructions relative to the limitation of the camper's participation in camp activities or medication requirements.

IMPORTANT

I understand that every effort will be made to protect and safeguard all campers. I agree not to hold Big Sandy Camp liable for any illness or mishap from any cause whatsoever.

I also give the camp full authority in dealing with discipline. I understand that any camper disregarding camp rules is subject to being sent home with no refund of camp fees. I understand that any camper who willfully destroys property will be held responsible and be charged accordingly.

Big Sandy Camp may use comments, photos, and video of the camper named above in its promotional materials.

In the case of emergency , if I cannot be contacted, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child, as named above.

All above information is correct as listed.

_____

Signature of parent/guardian **date**
or signature of camper (if over 18)

REGISTRATION/ MEDICAL CARD

Male Female

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