

Budd Creek Camp Registration/ Health Form

Assoc. Name: _____ Camp Dates: _____

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Home Phone: _____ Business Phone: _____

Name of Church: _____

Pastor or Sponsor present: _____

Previous Camper? YES / NO If so, when? _____

Where? _____

Christian? YES / NO Age: _____

Medical Insurance Co. _____

Name of Policy Holder: _____

Policy # _____

Health Information

The following information must be supplied with your registration in order to insure proper health care for your child.

Circle the diseases which your child has had:

MEASLES • MUMPS • WHOOPING COUGH • HERNIA • TYPHOID • KIDNEY

AILMENTS • SCARLET FEVER • CHICKEN POX • DIPHTHERIA • POLIO

•OTHER: _____

Immunization complete? _____ Is the child diabetic? _____

Is the child allergic? _____

If yes, to what? _____

Is the child subject to asthma, hay fever, poison ivy, headaches, tonsillitis, chronic sinus trouble? _____

Has the child recently been under a doctor's care? _____

If yes, explain: _____

Is the child currently taking any prescription medicine? _____

If yes, what? _____

Date of last tetanus shot? _____

My permission is hereby granted to the camp officials to provide any necessary medical attention to my child.

Parent/Guardian: _____

Medication Form

Please list all medications your child will have with him/her at camp. For the child to keep the medication himself/herself, you must sign and date the bottom of the form. Otherwise, all medication must be kept and administered by the camp nurse.

MEDICATION	TIME(S) TAKEN	DOSAGE(S)

_____ has my permission to keep his/her medication with him/her during camp.

(Parent/Guardian)

(Date)