

# Budd Creek Camp Registration/ Health Form

Assoc. Name: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Pastor or Sponsor present: \_\_\_\_\_

Previous Camper? YES / NO If so, when? \_\_\_\_\_

Child's Age: \_\_\_\_\_ Is he/she a Christian? YES / NO

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)