

CAMPER MEDICAL INFORMATION FORM

Dates of Camp Attendance: _____

The information below is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be given to the camp health personnel upon participant's arrival in camp. Please provide complete and accurate information.

Camper Name: _____ Date of Birth: _____ Gender: M F
 Address _____ City _____ State _____ Zip Code _____

Custodian parent/guardian _____ Phone _____ Work Phone _____
 Address if different than camper _____ City _____ State _____ Zip Code _____

If not available in emergency, notify _____ Phone _____ Work Phone _____
 Address _____ City _____ State _____ Zip Code _____

Any custody issues we need to be aware of? _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

Insurance Carrier or Plan Name _____ Group # _____

Camper's Physician _____ Phone _____ Fax Number _____

Parent/Guardian Authorizations: To the best of my knowledge, this health history is correct and complete, and the permissions herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the camp, to secure and administer treatment, including hospitalization, for the person named above. This completed health form may be photocopied for use out of camp.

Signature of Parent/Guardian: _____ Date: _____

Liability Release: I understand that I/my child assumes personal risk by participating in the activities at Faith Ranch & Farm Funds Inc. These activities include, but are not limited to, horseback riding; the challenge/low ropes course; and swimming. I understand Faith Ranch & Farm Funds Inc. provides safe equipment and the basic instruction needed for my/my child's safety. I realize these activities are potentially dangerous by nature, therefore; I release Faith Ranch & Farm Funds Inc. as liable or responsible for injury in the event of a lawsuit. I also give permission for photographs or video of my child to be used for promotional purposes including, but not limited to, brochures; website; display boards and poster.

Signature of Parent/Guardian: _____ Date _____

Allergies: Please list all known allergies, type of reaction, severity of reaction, and treatment.

Include allergies to medication, food, and environment (plants, animals, insects, etc.)

Allergy	Reaction/Severity	Treatment
1.		
2.		
3.		
4.		
5.		

Restrictions - The following restrictions apply to this individual. (Please specify reaction.)

Dietary Restrictions: _____

Activity Restrictions: _____

Explanation: _____

Current Medications

Please list ALL medications (including nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis or This person takes medications as follows:

Medicine _____ Dosage _____ Time administered _____

Reason for taking _____

Medicine _____ Dosage _____ Time administered _____

Reason for taking _____

Medicine _____ Dosage _____ Time administered _____

Reason for taking _____

Attach additional pages for more medications.

Camper Last Name

Which of the following immunizations has the participant had? Notes: _____

- Measles German Measles Hepatitis C Mumps Chicken Pox Hepatitis B

Date of most recent Immunizations/Boosters (mm/yy) DTP _____ MMR _____ Polio _____ Hep B _____

General Questions (Please circle yes or no for each of the following questions)

Has/does the participant:

Had recent injury, illness or disease?	Yes	No	Have any skin problems?	Yes	No
Have a chronic or recurring condition?	Yes	No	Have diabetes?	Yes	No
Been hospitalized?	Yes	No	Have asthma?	Yes	No
Had surgery?	Yes	No	Had mono in the past 12 months?	Yes	No
Have frequent headaches?	Yes	No	Had diarrhea/constipation trouble?	Yes	No
Had a head injury?	Yes	No	Have problems with sleepwalking?	Yes	No
Been knocked unconscious?	Yes	No	Has begun menstruating? (Females)	Yes	No
Had frequent ear infections?	Yes	No	Been told about menstruation?	Yes	No
Passed out/been dizzy after exercise?	Yes	No	Have a history of bed wetting?	Yes	No
Had seizures?	Yes	No	Had any eating disorders?	Yes	No
Any heart problems?	Yes	No	Had emotional/behavioral counseling?	Yes	No
Had back, muscle or joint problems?	Yes	No			

Please explain any "yes" answers:

Please list any medical or behavioral issues or concerns that we need to be aware of:

OVER THE COUNTER MEDICATIONS

My child has permission to take over-the-counter medications in case of injury or illness. Please indicate all the medications that can be administered to your child.

- Tylenol/Acetaminophen Aspirin (fever reducer) Ibuprofen (pain/swelling) Benadryl/Antihistamine
 Robitussin/expectorant Sudafed/decongestant Pepto-Bismol Tums/antacid
 Imodium (anti-diarrhea) Skin Ointments (rash, antibacterial, etc) doTerra Essential Oils Eye Drops
 Other: _____

Complete Upon Arrival at Camp

I have reviewed and updated all pertinent information. My/my child's health information is complete and accurate to the best of my knowledge.

- Changes were made on the above form No changes were made to the above form

Signature of Parent/Guardian: _____ Date: _____