

Hope Chapel Tween's Camp
Medical Form

*Directions: Complete Part 1- Health History no more than 3 months before the start of camp. Include filled out form with your registration form and payment.
This form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care.*

Camper Information

Name of Camper _____
Address _____
Phone #'s _____
Age _____ Date of Birth _____ Gender M/F _____ Grade _____

Parent Information

Name _____
Phone #'s _____
Address _____
Email _____

Name _____
Phone #'s _____
Address _____
Email _____

Emergency Contact (Someone other than Parents in case parents cannot be reached)

Name _____
Relationship to Camper _____
Phone # _____

Health Concerns

Operations or serious injuries (dates)

Chronic or recurring illness or condition requiring medical treatment

Dietary restrictions

Current medications (**send with instructions**)

Describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or consideration while at camp.

Current Doctor _____

Phone _____

Current Dentist/ _____ Orthodontist _____
Phone with Area Code _____

Health History (Check all applicable giving approximate dates)

Health Problems/Diseases (Please provide Dates) Allergies

Bed Wetting _____	Hay Fever _____
Measles _____	Poison Ivy, etc. _____
Asthma _____	Other Drugs _____
Ear Infection _____	Foods _____
Bleeding/Clotting Disorder _____	_____
Chicken Pox _____	Insect Bites/ Stings _____
Diabetes _____	Penicillin _____
Mumps _____	Other _____
Measles _____	_____
Rheumatic Fever _____	_____
Kidney Trouble _____	_____
German Measles _____	_____

Insurance Information Do you carry family medical/hospital insurance? Y / N

Insurance Carrier _____ Policy _____
Holder: _____ Insurance No. _____

Guardian Authorization (Required for persons 18 years of age and under) The person herein described has permission to engage in all camp activities, many of which are conducted in an outdoor environment. I hereby give permission to the medical personnel selected by the camp director to provide routine healthcare; administer certain over-the-counter medications when necessary and prescription medication as allowed by me.

In the event I cannot be reached in an emergency, I hereby give permission to the Camp Nurse selected by the camp director/staff to secure and administer treatment, including hospitalization, for the camper named above.

I will make sure she/he will not attend if not feeling well or exposed to a communicable disease.

Medical And Liability Release

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will ensure safety and an enjoyable time while participating in Tweens Camp. By signing this form, as a parent, guardian, or other responsible party, you agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss, or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

I give my child permission to participate in Tweens Camp.

Parent/Guardian Signature _____

Date _____