

REGISTRATION/ MEDICAL CARD

camper name _____ Male Female _____

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

- | | |
|---|--|
| <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> SKIN PROBLEM |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> BED WETTING |
| <input type="checkbox"/> CONVULSIONS | ALLERGIC TO: |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> PENICILLIN |
| <input type="checkbox"/> EAR TROUBLE | <input type="checkbox"/> INSECT STINGS |
| <input type="checkbox"/> EMOTIONAL PROBLEMS | <input type="checkbox"/> OTHER(LIST) |
| <input type="checkbox"/> EPILEPSY | |
| <input type="checkbox"/> HEART TROUBLE | |

IMMUNIZATION RECORD—CHECK (✓) IF IMMUNIZED AGAINST

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> POLIO | <input type="checkbox"/> SMALL POX |
| <input type="checkbox"/> DIPHTHERIA | <input type="checkbox"/> WHOOPING COUGH |
| <input type="checkbox"/> MEASLES | <input type="checkbox"/> 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)

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