

CHAMBERS WESLEYAN CAMP – DISCIPLES’ RETREAT HEALTH FORM 2011

To be completed by all campers, staff members & children of staff members under the age of 26 - **LEAVE NO BLANKS!**

Name: _____ Birthdate: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Health Ins. Co.: _____ Member/ID No.: _____ Group No.: _____
Parent/Guardian/Spouse: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Emergency Contact (Not listed above.): _____ Telephone: (____) _____

PLEASE COMPLETE THESE QUESTIONS AND LEAVE NO BLANK SPACES!

1. Does this camper/staff take any medications regularly or occasionally? YES NO If yes, list medications & why.

Medication Notes: 1. All Medications, including non-prescription medications, coming to camp must be in the original containers and correctly labeled. 2. Doctor's orders via a doctor's note are required for prescription sample packets AND over the counter medications. These are NY State requirements that must be met.

2. Is this camper/staff allergic to any medications? YES NO If yes, please list.

3. Does camper/staff have any other allergies (insect stings/bites, latex, foods, etc.)? YES NO If yes, please list.

4. Has this camper/staff been exposed to any communicable diseases recently? YES NO If yes, what is the disease and, (if applicable), how recently were they exposed?

5. Is there any reason this camper/staff should not participate in athletic activity, (hiking, swimming, softball, etc.)? YES NO If yes, please explain.

6. Are there existing medical needs or additional information our staff should be aware of concerning this camper/staff (such as special diet, any disability, prior operations, special precautions, seizures, emotional concerns, etc.)? YES NO If yes, please explain.

I hereby grant permission for my child/self to attend/work at Chambers Wesleyan Camp. In the event of an emergency, I hereby give my permission for him/her to receive any such medical treatment as is necessary for serious illness or injury, as administered by the camp health staff, and/or hospital.

Signature of parent/legal guardian, or self if over 18 –
A Health Form without a signature will not be accepted!

Date: _____