

CAMP CHRISTIAN REGISTRATION AND HEALTH CERTIFICATE

[] Grades 3-4 [] Grades 5-6 [] Grades 7-8 [] High School

Sponsoring Church:

Campers Name	Grade next Year:	Home Phone #:	
Address	City	State	Age/Birth date
Parent or Guardian & Employment			
Family Doctor	Phone #	Address	Work #
Date of Immunization: DTP (td)	MMR	Hib	HB

***Please send a copy of the Immunization Record to fill in the dates given above.**
If you claimed an exemption from immunizations &/or this health exam for your child, you **MUST** include a written statement of this and include it with this health form.

Drug or Allergic Reactions: YES [] NO [] Describe: Bee Stings [] Penicillin []

Other:

Any serious illness, operations or injury? YES [] NO [] Describe:

Is treatment continuing? YES [] NO [] Describe:

Any need for special attention to food because of health problems? YES [] NO [] Describe:

Any disabilities or limitations on activities? YES [] NO [] Describe:

If a special needs child is attending camp He/She is required to have a care giver with Him/Her at camp.

On any Medication? YES [] NO [] Describe:

Does it need to be given at camp? YES [] NO [] Describe:

Possible side effects:

***STATE REGULATIONS:** Medication prescribed for campers **MUST** be from a licensed pharmacy, labeled with the name, address and phone number of the pharmacy, name of campers, name and strength of the medicine, directions for use, date filled, prescription #, and the name of the practitioner prescribing the medicine.

I hereby give my permission for my child to take the prescriptions listed below, at camp as ordered. I understand that it is my responsibility to furnish this medication in a container appropriately labeled by the pharmacy or physician, stating the name of the medication and the dosage.

In an Emergency, I understand every effort will be made to contact me. In the event I cannot be reached I hereby give my permission to the physician, selected by the Camp Managers to hospitalize and secure proper treatment (including surgery) for my child. If I cannot be reached you may contact:
I also Authorize this person to take my child from camp.

Name: _____ Relation: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby give permission for my child to go on trip's away from camp premises, whether on foot or by vehicle. I give permission for my child to participate in all camp activities with the following exceptions:

****Signature (Parents)** _____ Date: _____

Please list medications and dosages of medication the child will be using at camp:

****Signature of Doctor prescribing Meds:**

Doctor: I have examined this camper and find them to be in satisfactory physical condition, free from any contagious disease and capable of active participation in the regular camping program except as stated above.

****Signature of Doctor**

Statement of Attestation (In lieu of Notarization of Registration & Health Record)
This form exempts notarization only; Registration and Health records **MUST** be signed by parent or guardian. I certify, under penalty of perjury in the second degree, that we have signed the accompanying Camp Registration and Health Record.

Name of Parent or Guardian: (Please Print)

****Signature of Parent or Guardian** _____ DATE: _____

****Signature Required**