

## 2021 CAMPER HEALTH FORM

Camper's Name \_\_\_\_\_ Camp Attending \_\_\_\_\_

### Medical Information/Health History:

Operations or serious injuries \_\_\_\_\_

Communicable diseases, chronic illnesses \_\_\_\_\_

Penicillin or other drug reactions \_\_\_\_\_

Food or other allergies \_\_\_\_\_ Special Diet \_\_\_\_\_

Current necessary health procedures \_\_\_\_\_

Medications currently being taken \_\_\_\_\_

(All prescription and over the counter medications, should be in original containers clearly marked with physicians instructions, and presented to the nurse at registration.)

**In case of an emergency I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by camp health personnel to secure proper treatment for my child including hospitalization and/or surgery. I give permission for the camp health personnel to administer non-prescription medications listed in the camp doctor's standing orders in the event of minor illness.**

**\*Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_**

**\*Immunization Record: Please complete the Certificate of Immunization Form (including the signature of physician, nurse, or school health authority), provided by the Colorado Department of Public Health, and located at [grandmesabaptistcamp.org](http://grandmesabaptistcamp.org). When completing the Certificate of Immunization Form, please provide the exact date (month/day/year) that the immunization was administered. Children will not be admitted to camp without this form *fully* completed.**

Camp Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Items with asterisk are required for camp admittance**