**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.* 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**