

HEALTH FORM

Select Camp(s):

- 3rd-5th Youth Camp
- 6th-8th Youth Camp
- 9th-12th Youth Camp
- Discovery Day Camp
- Guy's Backpacking Trip
- ARC Day Camp

Name _____ Gender: _____

Birth date _____ Age at camp _____

Home address _____

Custodial parent/guardian _____

Phone _____

Work address _____ Phone _____

Second parent/guardian/emergency contact _____

Address _____ Phone _____

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____

Group # _____ Subscriber _____

Insurance Company Phone Number _____

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staffer _____

Printed Name _____ Date _____

I (camper) also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

(OVER)

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Most Recent Dose
Diphtheria, tetanus, pertussis ★						
Tetanus booster ★						
Mumps, measles, rubella ★						
Polio ★						
Haemophilus influenzae type B						
Pneumococcal						
Hepatitis B						
Hepatitis A						
Varicella	Had chicken pox					
Meningococcal meningitis						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
------------------------	-------------	---

- Medication:** This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Medication must be in original container with pharmacy label with directions of dosage and time of administration on packaging/containers. Provide enough of**

Name of	Date started	Reason for taking	When it is given	Amount or	How it is given

Allergies: No known Allergies

- To foods (list): _____
- To medications (list): _____
- To the environment (insects stings, hay fever, etc. list): _____
- Other allergies (list): _____

What have we forgotten to ask? Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.