

Corbin's Crusaders Summer Camp Health Form

THIS FORM IS TO BE COMPLETED AND RETURNED BY **MAY 1**. All information should be complete and correct. Please include a copy of insurance as well as an up-to-date (within the past 24 months) physical.

Camper's Name _____	Sex _____	Birth date _____
last first middle		
Home Address _____		
City _____	State _____	Zip _____
Parent/Guardian Name _____		
Home Phone () _____	Business Phone () _____	
Cell Phone A () _____	Cell Phone B () _____	
If not available, in an EMERGENCY contact:		
Name _____	Phone () _____	

Part One --- Parental Authorization

I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although Corbin's Crusaders has taken measures to minimize the risk of injury to camp participants, Corbin's Crusaders cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending nurses secured by Corbin's Crusaders to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I give permission for my child to receive over the counter medications administered by the nurse and/or any medications that are listed on this form and prescribed by a doctor. I attest all of the following medical records submitted are both accurate and up to date.

Signature of Parent /Guardian _____ Date _____
Insurance Carrier _____ Policy # _____
Insurance Carrier Phone Number () _____
Policy Holder's Name _____ SS# _____

*****PLEASE INCLUDE COPY OF INSURANCE CARD*****

Campers Last Name:

Campers First name:

Part Two --- Health Information

Basic Health History:

frequent ear infections

asthma

diabetes

Bleeding disorders

heart defect

any existing communicable disease (indicate below)

seizure disorders

epilepsy

hyperactivity

hypertension

Allergies:

penicillin

serious poison ivy

bee stings

hay fever

food allergies

aspirin

other

If "other" please specify: _____

Please indicate any medications to which the camper may be sensitive or allergic to: _____

Does the camper wear an identification band or carry a card to alert others of their allergy(ies), medical conditions, or necessary medications?

YES

NO

Immunizations: All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.

_____ DPT _____ Polio _____ Measles _____ Haemophilus Influenza Type B

_____ Hep B _____ Mumps _____ Rubella _____ Varicella _____ Tetanus

Operations, Serious or Chronic Illnesses: _____

Dietary Modifications While at Camp: _____

Prescription Drugs Camper Brings to Camp (include instructions and prescription from Doctor):

Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 24 months.

Physical Restrictions: _____ Date of Last Physical _____

Parent's Signature _____ Date _____

Name & Phone # of Family Physician _____ () _____

Physician's Signature _____ Date _____

We also accept a standard form signed by a physician; however, a parent/guardian must sign Part I of this form.