

# AC HEALTH FORM



Our health form assists us in ensuring the safety and well-being of campers during their time at camp. In order for campers to attend camp this form **MUST** be completed and signed by the PARENT/Guardian.

## CAMPER INFORMATION

---

Name of Camper	Group	Birthdate	Age	Gender
----------------	-------	-----------	-----	--------

## PARENT/GUARDIAN INFORMATION

---

First Parent or Guardian	Email	Second Parent or Guardian	Email
--------------------------	-------	---------------------------	-------

---

Phone # 1, Type	Phone # 2, Type	Phone # 3, Type
-----------------	-----------------	-----------------

---

Mailing Address Street	City	State	Zip
------------------------	------	-------	-----

## EMERGENCY CONTACT INFORMATION

---

Emergency Contact # 1	Relationship	Phone #1, Type	Phone #2, Type
-----------------------	--------------	----------------	----------------

## ALLERGIES AND DIETARY RESTRICTIONS

**YES**   **NO**   Has camper been stung by a bee or wasp?

**YES**   **NO**   Does camper have any allergies?

---

Allergic to, details, description, food, drug, environmental, other?

**YES**   **NO**   Does camper require an EpiPen? If yes, please provide non-expired Epi-Pens.

---

Please provide details about camper's anaphylaxis, including the date and description of the reaction

**YES**   **NO**   Does camper have any dietary restrictions for health reasons? If yes, AC needs to know in advance.

---

Please explain camper's dietary restrictions

## MEDICATIONS AND TREATMENTS

**YES**   **NO**   Will camper be taking any medications or supplements while at camp?

---

Medication, Dose, When taken, As needed?

---

Please explain the reason for the medication and any notes on giving this medication to camper

**YES**   **NO**   May over-the-counter medications be given to camper while at camp?

**YES**   **NO**   Is there anything the camp needs to be aware of when giving any over-the-counter medications?

---

If any over-the-counter medications are sent to camp with camper, they must be in the original package.

## IMMUNIZATIONS

Please circle and list the date of camper's most recent vaccination or booster, if any, for the following:

<b>IMMUNIZED</b>	<b>NOT IMMUNIZED</b>	Chicken Pox (Varicella)	Immunization Date: _____
<b>IMMUNIZED</b>	<b>NOT IMMUNIZED</b>	Diphtheria, Pertussis, Tetanus, Polio	Immunization Date: _____
<b>IMMUNIZED</b>	<b>NOT IMMUNIZED</b>	Hep B	Immunization Date: _____
<b>IMMUNIZED</b>	<b>NOT IMMUNIZED</b>	MMR	Immunization Date: _____

---

If your child has not been fully immunized, please explain.

## ACTIVITY RESTRICTIONS

**YES**    **NO**    Does your camper have any restrictions on activity?

---

Please explain what activities must be restricted.

Rate campers swimming ability, please circle one: **(1) CANNOT SWIM**    **(2) POOR**    **(3) AVERAGE**    **(4) GOOD**

## ADDITIONAL INFORMATION

---

Please list any other medical information the camp should have about your child (operations, serious injuries, chronic illnesses, other diseases)

## DOCTOR INFORMATION

---

Family Doctor	Phone Number
---------------	--------------

## INSURANCE INFORMATION

---

Insurance Company	Policy Number	Phone Number
-------------------	---------------	--------------

---

Policy Holder's Name	Employer	Birthdate
----------------------	----------	-----------

## MEDICAL WAIVER AND PARENT SIGNATURE

This health form is correct as far as I know, and the camper described has permission to engage in all prescribed camp activities, except as noted by parent/guardian and the examining physician, if required.

In case of emergency, if I cannot be contacted, I hereby give permission to Covenant Pines Ministries Staff to secure and administer medical treatment, including hospitalization for my camper.

I understand that I am required to send ALL prescription medications and ALL over-the-counter medications/supplements in their ORIGINAL pharmacy container (with name, dose, and frequency clearly written) in order to have the camp staff safely administer them.

I understand that if my camper has health problems, activity limitations or has been hospitalized in the last year; a licensed physician must perform a physical examination within one-year of camp and these results must be disclosed to Adventurous Christians.

I have completed and understand the Health Form and have read the disclaimer above.

---

Adult Camper or Parent/Guardian Signature

Date