

# Health & Medical Form

This form MUST be completed in it's entirety by parent/guardian or physician.

Camper's Name \_\_\_\_\_ Local Church \_\_\_\_\_

In case of emergency notify this person (if parent/guardian cannot be reached):

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Medical/Insurance Carrier \_\_\_\_\_

Insured's name (as it appears on policy) \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

**All medications – prescription or over the counter – will be controlled by camp staff. Please include written directions with original packaging for dosage/interval.**

Does the camper take any medication regularly? \_\_\_\_\_ If so, what? \_\_\_\_\_

Will he/she be taking medication regularly at camp? \_\_\_\_\_ If so, what? \_\_\_\_\_

Describe any dietary restrictions, food allergies, allergies to medicines that apply to this camper:

The camp program may include activities such as swimming, sports, hiking, rafting and boating, as well as other physical and outdoor activities.

[ ] My youth may participate in these activities with no special precautions.

[ ] The following limitations or precautions should be observed regarding this camper's participation:

**Signature of agreement and release:** In case of emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for the camper named above. I release the camp management, director and Region of South Idaho (DOC) from all responsibility in case of sickness or accidents occurring during camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Note:** All campers officially registered for camp are covered by camp insurance. This includes the transportation to and from camp (only if adults over 21 are driving). The cost of insurance is included in the camp registration fee.