

KING'S KIDS CAMP HEALTH INFORMATION

CAMPER'S NAME _____

Date of Birth _____ Age at Camp _____ Gender _____

Camper lives with Both Parents _____ / Father _____ / Mother _____ / Other _____

Parent/Guardian _____ Phone(s) _____

Parent/Guardian _____ Phone(s) _____

Emergency contact if unable to reach parents:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

****INCLUDE A COPY OF INSURANCE CARDS and CURRENT IMMUNIZATION RECORD WITH THIS FORM.**

* * List any limitations on Camp Activities, or other medical conditions that the camp staff should be aware of:

Food Allergies: _____

Please include a list of all prescription medications, and directions, that will accompany camper.

Note: all medications must be in original bottles with pharmacy information visible.

Does the camp medical staff have your permission to dispense over-the-counter medications (i.e. ibuprofen, cough drops, Benadryl, etc.)

The Health Form is correct as far as I know, and the above minor person has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp administration to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp administration to secure and administer treatment, including hospitalization, for the person named above.

SIGNATURE _____ Date _____