

**West Tennessee Presbytery
Health Form Information (2 pages)**

Office Use ONLY Date Received _____
Ins. Info. _____ Signed _____ Allg. _____
Confirmation Letter sent:
Email _____ Mail _____ Date _____

****INSTRUCTIONS: A copy of the immunization record from your physician or clinic must be attached to this form along with a copy of your insurance card. The camp reserves the right to refuse admission to those campers who lack up-to-date documentation and/or a complete Health Information Form.****

Camper's Full Name _____ Sex _____
Last First MI

Address _____ Home Phone () _____
Street City State/Zip

Workplace _____ Work Phone () _____

Work Hours _____ Home Hours _____ Cell Phone () _____

Nearest Relative or friend who can reach parent or guardian in case of emergency:

_____ Relation to Camper _____
Last First MI

Cell Phone () _____ Home Phone () _____ Work Phone () _____

Camper's Personal Physician

Name _____ Phone () _____

Address _____
Street City State/Zip

Insurance Information

CCW's insurance is secondary; the camper's personal insurance is the primary carrier. The camper's parent or guardian will be responsible to take the proper steps to inform their insurance company that an injury or illness has occurred.

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

If so, indicate carrier or plan name _____ Group No. _____

Carrier Address _____
Street City State/Zip

Name of Insured _____ Relation to camper _____

Simply attach a copy of the insurance card. Insurance ID# _____

Use space below for any additional information to ensure the safety of your child.

West Tennessee Presbytery Health Information Form

Health History: Circle any illness that the camper has experienced. For PAST ILLNESSES, indicate date if occurred within the last twelve months. For CHRONIC ILLNESSES, give date of last attack.

Past Illnesses (Date)

Chicken Pox
 Whooping Cough
 Rheumatic Fever
 Mononucleosis
 Hepatitis
 Pneumonia
 Pink Eye
 Sleepwalking
 Hemophilia
 Tuberculosis
 Head Lice: _____

Chronic or Current Illnesses (Last Attack)

Asthma
 Diabetes
 Blood Pressure
 Swimmer's Ear
 Attention Disorder
 Tonsillitis
 Seizures-Include Type
 Irregular Heart Beat
 Hyperventilation
 Fainting Spells
 Menstrual Problems

Kidney or Bladder Problems
 Hearing Loss
 Migraines
 Low Blood Sugar
 Skin Rashes
 Heart Murmur
Circle if any of these apply:
 Glasses Contacts Braces
 Retainer Cast Splint
 Hearing Aid Prosthesis

Surgery Yes No List _____

Allergies Yes No List _____

My child is prone to or has allergic reactions to _____
 Please explain:(bronchitis, infections, heart stroke, etc.) _____

Other Medical Information: NEW REQUIREMENT: ATTACH A RECENT PHOTO OF YOUR CHILD IF ANY MEDS ARE TO BE ADMINISTERED DURING CAMPING WEEK.

If the camper needs medication to control an illness or allergy, **BE SURE TO SEND IT WITH THE CHILD.** If you wish to have a prescription medication or treatment administered by the Camp Staff, **PLEASE** have your **PHYSICIAN** sign the instructions for administration. The table below can be used or you can write it out separately and attach the form; also include a recent photo of your child for safe administration.

Current Medications: ALL MEDICATIONS MUST BE SENT IN THE ORIGINAL CONTAINERS.

Name of Drug	Dosage	Time Given	Purpose

Over the Counter Medications

Sometimes campers need over the counter medications to ease a mild discomfort. You can give permission for your child to receive the following medications by **checking and initialing as indicated.**

- Acetaminophen (i.e. Tylenol) _____ Antihistamine (i.e. Benedryl) _____
- Antacid _____ Throat Lozenge/Cough Syrup _____
- Decongestant (i.e. Sudafed) _____ Motrin / Ibuprofen _____

As parent or legal guardian of _____, I hereby consent to allow trained personnel to administer emergency medical treatment to my child in the event of an accident or injury. I understand that every attempt will be made to notify me in case of such an event.

Signed _____ Date _____

Witness _____ Date _____

Use space below for any additional information