



**Medical Information**

Name: \_\_\_\_\_  
(Last Name) (First) (Middle) (Name Called At Home)

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Father/Mother/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

1. Does the camper have allergies? Yes \_\_\_ No \_\_\_ If so, list & explain \_\_\_\_\_

2. Does the camper have any serious medical problems? Yes \_\_\_ No \_\_\_ If so, list & explain \_\_\_\_\_

3. Does camper have any special health and/or behavioral considerations? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

4. Will camper require any medication or medical treatments while at camp? Yes \_\_\_ No \_\_\_ If yes, list & explain \_\_\_\_\_

5. Is the camper prohibited from any physical activities? Yes \_\_\_ No \_\_\_ If yes, list & explain \_\_\_\_\_

6. Are camper's immunizations current? Yes \_\_\_ No \_\_\_ Date of last Tetanus shot \_\_\_\_\_

7. Does camper have any infectious diseases? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

8. Do you give the camp nurse permission to treat the camper with over-the-counter medication for minor complaints and injurer? Yes \_\_\_ No \_\_\_ Special Instruction \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician's Telephone \_\_\_\_\_

**Insurance Coverage**

We do not provide health care insurance coverage. Please provide the following information:

Do you have hospitalization insurance Yes \_\_\_ No \_\_\_

Name of Insurance Company \_\_\_\_\_ Insurance Co. Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employment \_\_\_\_\_

If you do not have hospitalization coverage you will be fully responsible for any and all cost associated with medical attention required due to sickness of your child. Send bill to \_\_\_\_\_

**Parent/Guardian Release**

As parent/guardian of the above child, I affirm that the information on this application is true and correct and that in case of illness or accident, you have my permission to administer first-aid and to secure medical attention for my child. Furthermore, I hereby authorize the release of all medical records (x-rays, test results) resulting from treatment to the Church of God Youth Camp. I also give my permission for my child to participate in and travel to any off-site activity sponsored by the camp.

Please list authorized person to pick-up camper other than the parent and/or guardian.

Is there someone we should **NOT** release camper to? Please list complete name.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Camper Agreement**

As a camper of the Church of God Youth Camp, I agree to abide by the rules and policies of the camp during my stay at camp. I understand that any deliberate breach of conduct or disregard of camp rules will necessitate disciplinary action, even to the extent of being asked to leave the camp.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_