

Statement of Health for enrollment in Camp Salvation

Camper's Name: _____ Birth date: _____

In case of emergency please contact:

1. Name/Relation _____ Phone # _____

2. Name/Relation _____ Phone # _____

3. Other _____ Phone # _____

Known Allergies and description of reactions: _____

Has the camper had any Past Illnesses, Surgery, Accidents, or Chronic Health problems we should know about?
(This information is for the Camp Nurse's use)

Describe any physical condition requiring the camp's special attention. _____

Are all immunization shots current to date? _____

****All medications that are left with the camper to take at Camp must be turned in to the Camp Nurse upon registration in the original prescription containers. With permission and instructions from the parent or Health Care Provider before we can give them out.***

In order for the Camp Nurse or first aid responder to administer medications they deem appropriate (and only according to their directions) please check any of these over the counter meds you would approve of, for fever, headaches, or body pains etc.

____ Acetaminophen (Tylenol) _____ Pepto-Bismol
____ Ibuprofen (Advil, Motrin) _____ Tums
____ Antibiotic Ointment (for minor abrasions) Other _____ (If we have it)

The following is to be filled out by a licensed Physician or other Health Care Professional that has seen the individual in the last 24 months. Please attach a current physical if available.

Health Care Provider: Please complete _____

Date of last exam _____ (Needs to be in the last 24 months to be current)

Physical exam: ___ Normal ___ Abnormal-Please explain _____

Recent weight _____ Height _____ Heart rate _____

Blood Pressure _____ Respiratory System _____

I verify that (Camper's Name) _____

Is cleared to participate in all Camp activities unless otherwise stated.

Health Care Provider _____ **Date:** _____

Health Care provider's address _____

City _____ State _____ Zip _____ Phone # _____

Parent/ Legal Guardian _____ **Date:** _____

*If this Health Care form is over a year old, I affirm that no changes have occurred in my child's health over the last 24 months:

Parent/Legal Guardian _____ Date: _____