

HEALTH INFORMATION FORM AND RELEASE

The following information must be filled out COMPLETELY and signed by a parent.
Please complete BOTH SIDES.

Health Record for

(Camper's name) _____ Age _____ Date of birth _____

By my signature below, 1) I attest that all information checked and described on this form is true and complete to the best of my knowledge. 2) I hereby give my permission for my child to participate in all camp activities, except those limited by my description above. 3) I release the camp from any responsibility other than normal supervision and care. 4) In the case of an accident, I will not hold Piedmont Christian Assembly, its staff, faculty, volunteers, or officers liable. 5) In case of an emergency, I give my permission for the camp management to seek medical care for my child. 6) I understand that medical bills incurred will be billed to my insurance provider. 7) I understand that Piedmont Christian Assembly is not responsible for articles lost, damaged, stolen or left at the camp. 8) By registering my child for camp I realize that my child will be required to follow the camp's rules & policies. 9) My child's photograph may be used in publications and promotional materials.

PARENT/GUARDIAN SIGNATURE

Printed PARENT/GUARDIAN Name

Health Insurance Information — Insurance Company Name _____

Group Number _____ Insured's number _____

Insured's Name _____

Medications Permitted — These medications are stocked at Park Springs for use in managing common illness or injury and dispensed by the camp's nurse. Some meds are listed as common brand names, though generic may be substituted.

Acetaminophen	Pepto-Bismol/Kaopectate	Cough/Throat Drops
Ibuprophen	Tums/Roloids	Aloe Gel
Benedryl	Antibiotic Ointment	Other sun burn ointment

Initial one: — It is okay to give any of the meds to this camper.
— Do NOT give these meds from the above list. _____

Immunization Record: Been vaccinated for or had the chicken pox? Yes No

Been vaccinated for Hepatitis B? Yes No

Are other immunizations up to date? Yes No

Date of last tetanus booster? _____

Optional: Any recent life changes that we should be aware of? (death in the family, divorce, etc.)

Is It Signed? Your registration can not be processed without a Parent/Guardian signature above.

Allergies: Please list any food, insect or other allergies and describe the reaction and management of the reaction. Please list only allergies that cause severe stomach or behavior problems, rashes hives or breathing problems.

Allergy _____ Reaction/Management _____

Allergy _____ Reaction/Management _____

Allergy _____ Reaction/Management _____

***If your camper has severe food allergies, please contact us at office@parksprings.org to provide more specific information.

Medications: Please list ALL medications (over-the-counter, herbal or prescription) taken routinely. Bring enough to last the entire time at camp. You MUST keep medication in the original packaging bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency or it will not be accepted. All meds must be given to the nurse.

This camper currently takes no medications regularly.

Medication _____ Dosage _____ Taking for? _____

Medication _____ Dosage _____ Taking for? _____

Medication _____ Dosage _____ Taking for? _____

Medical conditions or history to be aware of and please describe:

** Nothing checked indicates the camper has no medical conditions & is capable of full participation.

Heart Disease _____

ADD/ADHD _____

Asthma or TB _____

Epilepsy _____

Active Infections _____

Hepatitis _____

Clotting disorder _____

Seizures _____

Diabetes _____

Other _____

