



SPORTS CAMP HEALTH FORM

Camper Name: _____ Male Female

Date of Birth: _____ Health Card #: _____
mm/dd/yyyy

EMERGENCY CONTACT INFO

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MEDICAL INFO

Please list any allergies that your child may have: _____

Please list any health conditions camp staff need to be aware of: _____

Please list any medications that your child is currently taking: _____

Important Note: If your child requires medication while at camp we ask that you make arrangements to administer the medicine throughout the day. We will not administer any medicine of any type for children at camp.

Are there any other problem's that may affect your child's ability to participate in camp activities?

DISCLAIMER

I am the legal guardian of the camper with full authority to make decisions with respect to the care, upbringing, and education of the applicant.

I agree and comply that all of the medical information provided on this form is true and accurate – lacking nothing. I hereby release my child to the care and medical discretion of the staff at Scripture Union, the church and volunteers. In the event of an emergency and that no one can be immediately contacted, my child will be taken to the hospital or a physician to be treated if deemed necessary by one of the camp staff, church staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Parent/Guardian Signature _____ Date _____