

Carolina Ministries Health and Medical Information Form

Name _____ Date of birth _____

Do any of the following apply? Please check...

Asthma Diabetes Physical Disability Sleepwalking
 Allergies Earaches Heart Condition Seizures

Please list any special diet restrictions:

Date of last tetanus shot: _____ - _____ - _____ Immunizations are up to date: Y N

Allergies: _____

Allergic Reactions (circle all that apply):

Insect Stings Aspirin Penicillin Hay Fever Other _____

If any of the above are circled, please give reaction and treatment needed:

I give my permission for camp staff to administer the following to my child as needed:

Tylenol Pepto Bismal Benadryl Creams

My child's weight: _____ (needed to administer proper dosages of some medications)

My child takes the following prescription medications: (Drug Name, Dosage, Frequency)

***Please note:** Our health staff cannot administer prescription medications unless they are in the original prescription bottle with the doctor's instructions on the bottle. Please place all medication bottles in a ziplock bag with your child's name on the outside. **ALL** medications are to be given to the camp nurse!

I hereby certify that _____ is in good health, free of any communicable disease and able to participate in all camp activities. In case of medical emergency, I hereby give my permission for the camp staff to treat my child with basic first aid or one of the over the counter medications listed above. In the event that my child needs further treatment, I give the camp staff my permission to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for my child as named above. I understand that, in the case of emergency, every effort will be made to contact me first; however, if I cannot be reached, the camp staff will act in the best interest of my child. I agree to cover the costs of any and all treatments. My signature below is evidence of my understanding of all above information and releases **Camp Walter Johnson**, Carolina Ministries, and all staff of liability.

Parent Signature _____ Date _____