

CAMP HEALTH FORM for CAMPERS

CAMP TRINITY



RETURN TO: Camp Trinity PO Box 193 Green Lane, Pa 18054 ***Can also be dropped off at pre-camp Open Houses** - Please turn in by June 11th.

This form to be filled in by parent :

Camper's Name _____ Birth Date _____

Sex _____ Age _____

Parent Name _____ Phone # _____

Home Address

Street & Number _____ City _____

State _____ Zip Code _____

Mother's Work Phone# _____ Father's Work Phone# _____

Mother's Cell Phone# _____ Father's Cell Phone# _____

If not available in an emergency, please notify:

Name: _____ Phone # _____

Relationship _____

Name: _____ Phone # _____

Relationship _____

Family Physician _____ Phone # _____

Medical Insurance Company _____ Policy No. _____

HEALTH HISTORY:

Child had physician's examination in last Year 2 Years 3 Years More Never

Sunburns easily Yes No

Behavioral/Emotional problems we need to be aware of:

Chronic or Recurring illness:

Any specific activities to be restricted? _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

PARENT'S AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for my child as named above.

Signature _____ Date _____

I hereby give the camp permission to administer children's dosage of over the counter medication, (Tylenol, Tums, Benadryl), as deemed necessary by the nursing staff. Please check: Yes No

Please share any additional information - that you feel would help us care for your child. Examples: shyness, not able/fear of swimming, bathroom frequency, personality traits. Anything you feel could be of help to us is much appreciated.
