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 Dixie, Carolina Ministries, and all staff of liability.

Parent Signature_____ Date_____