

# CORNING AREA BIBLE CLUB CAMP HEALTH FORM 2021

|  |  |   |                               |                                      |  |
|--|--|---|-------------------------------|--------------------------------------|--|
| <b>CAMPER NAME</b>   |  | <b>CAMPER BIRTHDAY</b>                    |                               | <b>CAMPER PHONE NUMBER</b>           |  |
| <b>CAMPER ADDRESS</b>  |  |   |                               |                                      |  |
| <b>PARENT/GUARDIAN NAME</b>  |  | <b>RELATIONSHIP</b>                       |                               |                                      |  |
| <b>WORK PHONE NUMBER</b>   |  | <b>CELL PHONE NUMBER</b>                  |                               | <b>HOME PHONE NUMBER</b>             |  |
| <b>ADDRESS</b>   |  |   |                               |                                      |  |
| <b>EMERGENCY CONTACT IF NEEDED</b>   |  | <b>RELATIONSHIP</b>                       |                               |                                      |  |
| <b>WORK PHONE NUMBER</b>   |  | <b>CELL PHONE NUMBER</b>                  |                               | <b>HOME PHONE NUMBER</b>             |  |
| <b>ADDRESS</b>   |  |   |                               |                                      |  |
| <b>ALLERGIES TO FOOD, MEDICINES, BEES</b>  |  | <b>USUAL SYMPTOMS</b>                     |                               | <b>USUAL TREATMENT</b>               |  |
|  |  |   |                               |                                      |  |
|  |  |   |                               |                                      |  |
| <b>ALL MEDICATIONS ARE TO BE LEFT WITH THE NURSE UPON ARRIVAL TO BIBLE CAMP</b>                                      |  |   |                               |                                      |  |
| <b>MEDICATIONS TAKEN AT HOME</b>   |  | <b>WHAT TAKEN FOR</b>                     |                               | <b>WHAT TIME TAKES AT HOME</b>       |  |
| 1  |  |   |                               |                                      |  |
| 2  |  |   |                               |                                      |  |
| 3  |  |   |                               |                                      |  |
| 4  |  |   |                               |                                      |  |
| 5  |  |   |                               |                                      |  |
| 6  |  |   |                               |                                      |  |
| 7  |  |   |                               |                                      |  |
| 8  |  |   |                               |                                      |  |
| 9  |  |   |                               |                                      |  |
| 10   |  |   |                               |                                      |  |
| 11   |  |   |                               |                                      |  |
| 12   |  |   |                               |                                      |  |
| <b>OVER-THE-COUNTER MEDICATIONS stocked at camp</b>  |  | <b>WHAT CAMPER MAY TAKE WHILE AT CAMP</b> |                               | <b>USUAL DOSE TAKEN</b>              |  |
| PEPTO-BISMOL   |  |   |                               |                                      |  |
| ACETAMINPHEN (TYLENOL)   |  |   |                               |                                      |  |
| IBUPROFEN (MOTRIN)(ADVIL)  |  |   |                               |                                      |  |
| BENADRYL (DIPHENHYDRAMINE)   |  |   |                               |                                      |  |
|  |  |   |                               |                                      |  |
|  |  |   |                               |                                      |  |
| COUGH DROPS  |  |   |                               |                                      |  |
| BEN-GAY  |  |   |                               |                                      |  |
| NEOSPORIN OINTMENT   |  |   |                               |                                      |  |
| CORTISONE CREAM  |  |   |                               |                                      |  |
| BENADRYL CREAM   |  |   |                               |                                      |  |
| Does camper have any physical or medical restrictions for sports participation?      YES      NO      What are they? |  |   |                               |                                      |  |
| Does camper wet the bed?      YES      NO  |  |   |                               |                                      |  |
| Is camper allowed to swim?      YES      NO  |  |   |                               |                                      |  |
| Does camper have problems reading or memorizing things?      YES      NO   |  |   |                               |                                      |  |
| <b>IMMUNIZATIONS-<br/>PARENT OR PHYSICIAN TO LIST DATES GIVEN</b>  |  |   | <b>CAMP NURSE TO COMPLETE</b> |                                      |  |
| <b>IMMUNIZATION</b>  |  | <b>DATES</b>                              |                               |                                      |  |
| <b>DPT</b>   |  |   |                               | <b>TEMPERATURE</b>                   |  |
| <b>DT</b>  |  |   |                               | <b>PULSE</b>                         |  |
| <b>DTAP</b>  |  |   |                               | <b>ATHLETES FOOT</b> right      left |  |
| <b>POLIO (OPV)</b>   |  |   |                               | <b>PLANTAR WARTS</b> right      left |  |
| <b>MMR</b>   |  |   |                               | <b>HEAD LICE</b>                     |  |
| <b>HEPATITIS B (HEP B)</b>   |  |   |                               | <b>RASHES</b> location:              |  |
| <b>VARICELLA</b>   |  |   |                               |                                      |  |