

CORNING AREA BIBLE CLUB CAMP HEALTH FORM 2024

| | | | | | |
|---|--------------|------------------------|-------------------------------|--------------------------------|------|
| CAMPER NAME | | CAMPER BIRTHDAY | | Cabin/Counselor | |
| PARENT/GUARDIAN NAME | | RELATIONSHIP | | | |
| WORK PHONE NUMBER | | CELL PHONE NUMBER | | HOME PHONE NUMBER | |
| ADDRESS | | | | | |
| EMERGENCY CONTACT only if different than above: | | RELATIONSHIP | | | |
| WORK PHONE NUMBER | | CELL PHONE NUMBER | | HOME PHONE NUMBER | |
| ADDRESS | | | | | |
| ALLERGIES TO FOOD, MEDICINES, BEES | | USUAL SYMPTOMS | | USUAL TREATMENT | |
| | | | | | |
| | | | | | |
| ALL MEDICATIONS ARE TO BE LEFT WITH THE NURSE UPON ARRIVAL TO BIBLE CAMP | | | | | |
| MEDICATIONS TAKEN AT HOME | | WHAT TAKEN FOR | | WHAT TIME TAKES AT HOME | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| OVER-THE-COUNTER MEDICATIONS stocked at camp. | | Notes (if any) | | | |
| Can Camper be given OTC meds at the discretion of the nurse? | | | | | |
| Yes <input type="radio"/> | | | | | |
| No <input type="radio"/> | | | | | |
| Does camper have any physical or medical restrictions for sports participation? YES <input type="radio"/> NO <input type="radio"/> | | | | | |
| If yes, explain. | | | | | |
| Does individual wet the bed? YES <input type="radio"/> NO <input type="radio"/> | | | | | |
| Does camper have problems reading or memorizing things? YES <input type="radio"/> NO <input type="radio"/> | | | | | |
| IMMUNIZATIONS- PARENT OR PHYSICIAN TO LIST DATES GIVEN | | | CAMP NURSE TO COMPLETE | | |
| IMMUNIZATION | DATES | TEMPERATURE | | | |
| DPT | | PULSE | | | |
| DT | | ATHLETES FOOT | | right | left |
| DTAP | | PLANTAR WARTS | | right | left |
| POLIO (OPV) | | HEAD LICE | | | |
| MMR | | RASHES | | location: | |
| HEPATITIS B (HEP B) | | | | | |
| VARICELLA | | | | | |