

CORNING AREA BIBLE CLUB CAMP HEALTH FORM YEAR/

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 from 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 Can child be given stocked OTC meds at the discretion of the Camp Nurse? Yes - <input type="checkbox"/> No - <input type="checkbox"/>		Notes (if any)		
Does your child have any physical or medical restrictions for sports participation? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, explain:				
Does child wet the bed? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Does child have problems reading or memorizing things? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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		
HEPATITIS B (HEP B)		location:		
VARICELLA				