

Burn Camp Medical Health Information Form

Child's Name _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Age at camp _____ Grade entering _____ Sex _____ Previous time at camp _____

Family Information

Parents are Together Separated Divorced Other _____

Parent/Guardian (1) _____ Occupation _____

Home phone _____ Work phone _____

Parent/Guardian (2) _____ Occupation _____

Address _____ City _____ State _____ Zip _____

(If different from above)

Home phone _____ Work phone _____

Alternate Contact _____ Relationship _____ Phone _____

Any recent family changes _____

Concerns for camp _____

Please list any traits that may be helpful to the camp staff in involving your child in activities (shyness, talents, etc.)

Insurance Information

Medical/Hospital Carrier _____ Policy/Group # _____

Address _____ City _____ State _____ Zip _____

Phone _____

Check all Health Concerns that Apply

Heart defect/disease ___ Lung problems/asthma ___ Bleeding disorders ___

Hypertension ___ Sleeping difficulties ___ Frequent infections (list) _____

Diabetes ___ (special diet ___) Headaches ___ Seizures ___ Skin problems ___

(Describe below any surgeries or problems not listed) Any recent infections or illness?

Dietary Restrictions _____

Immunization Record (give dates or copy of record)

DPT booster _____ Polio booster _____ Tetanus _____ MMR _____ Chicken pox _____

Hepatitis _____ Hib _____ TB test _____

Allergies None _____

List any known allergies: Environmental _____ Food _____

Medication _____ What signs appear? _____

_____ Special treatments? _____

Medications:

All medications (including vitamins or herbals) will be kept with the health professional at the camp and will be dispensed by them. Medications should be sent in original containers with clear directions for dispensing. Exceptions include inhalers or Epi-pens that are taken for emergency purposes which will remain with the individual. **If there are changes in medications between time of sending this registration form and camp, written changes must accompany camper.**

List of all medications taken by camper

Time medications taken: check all that apply

Name and dose	Purpose	Breakfast	Dinner	Supper	Bedtime

If your child has been experiencing some health problems or has a chronic health condition it is encouraged that your child see your physician and have their report accompany this form.

Notification and Consent

My child can swim ____ My child cannot swim ____

I give my child permission to participate in all water activities provide at camp.

Signature of Parent/Guardian _____

We give the health professional or their designee permission to dispense any medications brought to camp and to treat my child for any minor medical needs including but not limited to bumps, bruises, scrapes and dispensing of non-aspirin, anti-histamines etc. for minor complaints with the following exceptions _____.

In case of medical emergency every effort will be made to contact parent/guardian. In the event that I cannot be reached, I give the medical professional or camp administrator my permission to request and/or approve any medical treatment required by an approved physician of the camp, either at their office or at the nearest hospital.

I release CHI Health St. Elizabeth, the Nebraska Conference United Church of Christ/The Christian Church of Nebraska, the Camp Administrator, Health professional, Camp Director, Resource Team and all staff members from any responsibility and liability, for any accident or illness occurring during camp.

Signature of Parent/Guardian _____

I give permission for my child to be photographed during the camping experience for the purpose of educational/ publicity purposes by the camp.

Signature of Parent/Guardian _____

All information provided here is regarded as privileged and will only be viewed by those needing access to provide care for your child during the camping experience

St. Elizabeth

