

CROOKED CREEK CHRISTIAN CAMP
Health History and Medical Release Form

Camper's Name _____ Sex M F

Address _____

City, State, Zip _____

Age _____ Weight _____ Dates of Camp Attendance _____

Birthdate ____/____/____ Soc. Sec. # ____ - ____ - ____

List any current health problems, allergies or behavioral concerns of which camp should be aware.

1. _____

2. _____

3. _____

Please list any medication (prescription or over-the-counter) your child will be bringing to camp:

Name of Medication Dosage How often

1. _____

2. _____

3. _____

By signing this form, I give my permission for the camp to administer the following meds to my child as needed. (Please check all that apply.)

- Tylenol (pain or fever)
- Ibuprofen (pain, fever or inflammation)
- Benadryl (allergy symptoms)
- Other: Please list: _____

PLEASE TURN OVER AND FILL IN THE REVERSE SIDE.
THANK YOU!!
CROOKED CREEK CHRISTIAN CAMP

****ALL prescription medications must be in the original container with medical orders, name of medication, physician's name and camper's name. Over-the-counter medications should also be in original containers labeled with camper's name. Place all meds in zip-lock bag to bring to camp. **All medications (prescription and over-the-counter) must be turned in to the camp nurse when checking in.**

List any special dietary needs of the camper:

Camper's physician name _____

Phone Number _____

Date of last tetanus booster _____

Camper Health Insurance Policy Name _____

Policy Number _____

Insurance Holder Name _____

Birthdate ____/____/____

SSN: ____ - ____ - ____

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I, _____, hereby give permission to the camp nurse/camp administrator to secure proper treatment for _____ while at camp. I understand that this may include hospitalization and possible surgery.

Signature of parent or guardian _____

Phone: Home _____ Work _____

Cell _____ Date _____

If parent/guardian cannot be reached, please contact:

Name _____

Phone _____ Relationship _____

Please send this form to CCCC 10 days before your arrival or give it to the camp nurse at registration. Parents: please make sure you sign this form if you will not be bringing your child to camp. Thank you.

Crooked Creek Christian Camp
2830 Coppock Rd., Washington, IA 52353