

CROOKED CREEK CHRISTIAN CAMP
Health History and Medical Release Form

Camper's Name _____ Sex M F Age _____ Weight _____ (for medication dosing)

Address _____ City _____ ST _____ Zip _____

Birthdate ____/____/____ Soc. Sec. # ____ - ____ - _____ Dates of Camp Attendance _____

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

List any special dietary needs of the camper:

My child has a problem with bedwetting. (circle) Yes No Comments:

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. _____

**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.

My signature below gives my permission to the camp nurse 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)

Camper's physician name _____ Phone Number _____

Date of last tetanus booster ____/____/____

Camper Health Insurance Provider _____ Policy Number _____

Policy 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 _____ Date _____

Phone: Home _____ Work _____ Cell _____

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