

# Camper Health History and Statement Form

Please return to the church ONE FORM PER CHILD/CAMPER

## CAMPER NAME

FULL NAME		GENDER	M	F
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## HEALTH INSURANCE INFORMATION (IF NONE, PLEASE INDICATE AS N/A)

INSURANCE COMPANY		POLICY #		PHONE #	
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## HEALTH HISTORY

**ALLERGIES:** Any known allergies to food, drugs, or plants?  Yes  No **If yes, please explain:**

**DIET RESTRICTIONS:** Does your child have any diet restrictions/special dietary needs?  Yes  No **If yes, please explain:**

## MEDICATION:

The camper will not take any daily medications while attending camp  
 The camper will take the following daily medication while at camp

Medication	Reason for taking it	Dosage	When it is given	Other Comments

\* **Medication must be in original container.** If your child takes any form of medication regularly during school, we request that it be taken during Camp Hope as well.

## HEALTH STATEMENT PARENT SECTION

My child has been seen by a physician/healthcare provider in the past 12 months and is able to participate in the camp's program without limitations. I verify that all immunizations are current for the above-named child

Physician Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
 Street Address City State Zip

\_\_\_\_\_  
 Parent's Signature Date

## ADDITIONAL COMMENTS (THINGS YOU WANT TO HIGHLIGHT MORE, AND YOU THINK WE NEED TO KNOW)