

YOUTH REGISTRATION / MEDICAL FORM

camper name	M	F	
address			
city	state	zip	
home phone	email address		
grade	age at camp	birthdate	
retreat / camp session	date	year	
church sponsoring, <i>if any</i>			
parent or guardian	emergency contact person		
emergency home phone #	emergency cell phone #		
health insurance company			
insurance ID #	group #		
physician's name	phone #		

HEALTH HISTORY – CHECK (✓) THOSE THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> RECENT SURGERY | <input type="checkbox"/> CHRONIC ILLNESS |
| <input type="checkbox"/> FAINTING | <input type="checkbox"/> CONVULSIONS/SEIZURES |
| <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> MIGRAINES | <input type="checkbox"/> NOSEBLEEDS |
| <input type="checkbox"/> HEAD LICE | <input type="checkbox"/> BEDWETTING |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> NIGHTMARES |
| <input type="checkbox"/> MENTAL HEALTH / BEHAVIORAL | <input type="checkbox"/> SLEEPWALKING |
| <input type="checkbox"/> KIDNEY TROUBLE | <input type="checkbox"/> OTHER (LIST) |

ALLERGIC TO: FOOD MEDICINE THE ENVIRONMENT

EXPLAIN: _____

IMMUNIZATION RECORD – CHECK (✓) IF IMMUNIZED AGAINST.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> CHICKENPOX | <input type="checkbox"/> HEPATITIS B |
| <input type="checkbox"/> POLIO | <input type="checkbox"/> MMR |
| <input type="checkbox"/> DIPHTHERIA, PERTUSSIS, TETANUS | |

Date of Last Tetanus Booster _____

LIST ANY ACTIVITY RESTRICTIONS, DIETARY RESTRICTIONS, HEALTH PROBLEMS AND/OR MEDICATION (RX OR OTC) RELATING TO YOUR CHILD. PLEASE GIVE A DESCRIPTION OF ANY CURRENT PHYSICAL, MENTAL, OR PSYCHOLOGICAL CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESTRICTIONS OR CONSIDERATIONS WHILE AT CAMP. USE THE REVERSE SIDE OR AN ADDITIONAL SHEET.

IMPORTANT

IF THE HEALTH HISTORY IDENTIFIES HEALTH PROBLEMS OR ACTIVITY LIMITATIONS, A PHYSICAL EXAMINATION MUST BE PERFORMED BY A LICENSED PHYSICIAN WITHIN ONE YEAR BEFORE ADMISSION TO CAMP, INCLUDING INSTRUCTIONS RELATIVE TO THE LIMITATION OF THE CAMPER'S PARTICIPATION IN CAMP ACTIVITIES OR MEDICATION REQUIREMENTS.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO PROTECT AND SAFEGUARD ALL GUESTS. I AGREE NOT TO HOLD BIG SANDY CAMP LIABLE FOR ANY ILLNESS OR MISHAP FROM ANY CAUSE WHATSOEVER.

I ALSO GIVE CAMP FULL AUTHORITY IN DEALING WITH CAMPER DISCIPLINE. I UNDERSTAND THAT ANY CAMPER DISREGARDING CAMP RULES IS SUBJECT TO BEING SENT HOME WITH NO REFUND OF CAMP FEES. I UNDERSTAND THAT ANY CAMPER WHO WILLFULLY DESTROYS PROPERTY WILL BE HELD RESPONSIBLE AND BE CHARGED ACCORDINGLY.

BIG SANDY CAMP MAY USE PHOTOS, VIDEO, OR COMMENTS, OF THE CAMPER NAMED ABOVE IN ITS PROMOTIONAL MATERIALS.

I GIVE PERMISSION TO BIG SANDY CAMP TO DISPENSE MEDICATION (RX OR OTC MEDICATION) TO MY CAMPER TO MANAGE ILLNESS AND INJURY AS DIRECTED BY THE BIG SANDY CAMP MEDICAL PROTOCOL.

IN CASE OF EMERGENCY, IF I CANNOT BE CONTACTED, OR THE EMERGENCY NUMBER CANNOT BE CONTACTED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD, AS NAMED ABOVE.

ALL ABOVE INFORMATION IS CORRECT AS LISTED.

SIGNATURE OF PARENT OR GUARDIAN

DATE