

2010 Camp Galilee Health Form

Camp 1 June 14-20

Camp 2 July 12-17

Camp 3 July 26-31

Camper's Name _____ DOB _____ Sex _____ Age _____ Health Care Plan _____

Parent/ Guardian (name) _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____

Please check if there has been a history of the following:

- Diphtheria Small Pox Allergies Diabetes Hay Fever Heart Trouble
 Seizures Fainting Asthma Restricted Diet Food Allergies Other
 Chronic Cough Eye Trouble Ear Trouble Recent Flu Systems

Unusual sensitivity to:

- Insect/Bee stings Poison Oak/Ivy Other

Church Attended _____ Pastor _____

Health Record

Please fill out completely; no child will be admitted without a completed and signed health record.

- Our family does not have insurance. (this will not keep your child from being able to attend camp)

Health Insurance Company _____ Policy Number _____

Employer _____ Policy Holder _____ Insurance Phone _____

Dr. Name and phone number _____

Health Problems/Disabilities _____

My Child may be given: Tylenol, Ibuprofen, Benadryl, antacids, and antibiotic cream as deemed necessary by the Camp Nurse. Yes No

My Child is up-to date on all recommended immunizations Yes No

Has your child been exposed to any communicable disease? If so, state disease and date _____

List all medications your child is bringing to Camp. (continue on separate sheet if necessary)

Name of Medication _____ Dosage and Time _____ Time last dose taken _____

I request the Camp Nurse administer the prescribed drugs according to the dosage and time I have listed.

My child will be responsible for taking his/her own medications.

Medical & Liability Release

I have read and approved the included information. You have my permission for my Child to attend Camp Galilee and participate in it's activities. I also release the Minnesota District, Inc. and Camp Galilee, it's staff, employees, and volunteer workers from any liability whatsoever arising out of property damage or loss as well as injury or sickness, which may be sustained by my child as the result of any participation in the camping program. I understand that camp counselor refers to a person in charge of a group of children at a camp and does not imply the person is licensed to give counsel. Parent's/Guardian's signature authorizes emergency treatment in the event of illness/injury if parents are not immediately available, and gives permission to the Camp Principal to inspect camper's belongings to see that they have not brought any prohibited or illegal items.

Signature of Parent or Guardian Required _____

Date _____