

Camp Kipanga

2024 Camper Health Form



PLEASE PRINT ALL INFORMATION. PLEASE USE A SEPARATE FORM FOR EACH CHILD.

Child's Last Name _____ First _____

Address _____

City, State, Zip _____

Date of Birth _____ Male _____ Female _____

Parent/Guardian 1 Name _____ Parent/Guardian 2 Name _____

Home Phone _____ Home Phone _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

_____ Child lives with this parent

_____ Child lives with this parent

Medical Information

Physicians Name _____ Phone _____

Please list any allergies (bee stings, food, medication, etc.) _____

Are there any medications or precautions necessary for this allergy? _____

If yes, please list _____

Is your child required to take medications or use an inhaler during camp hours? _____

Medical comments – limitations for camp activities (physical, visual, auditory, etc.) _____

****Please attach a copy of your child's immunization record* Tetanus & all shots required for school must be up to date***

Current Conditions

Medication(s) taken _____

Appliances Worn (ex. Glasses) _____

Record of past medical treatment, if any: _____

Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Family Medical Insurance _____ Policy# _____

Family Hospitalization Policy _____ Policy# _____

Consent for Emergency Medical Treatment and Medication

-I hereby give consent to a registered nurse to administer without further consent over the counter medication as indicated by a physician or other medication prescribed by a physician as well as permission to provide routine healthcare.

-In case of emergency I give authority to the Camp staff to obtain emergency treatment for my child. In addition, I authorize the doctor or hospital to perform any emergency procedure or operation, to give treatment, and to administer anesthetic to my child during his/her enrollment at Camp.

Print Name

Parent/Guardian signature

Date