

Pennsylvania Christian Camp Health Form

To be completed and signed by parent or guardian.

Please print

Camper's Name _____ Date of Birth _____
Age ____ M ____ F ____

Parents' Names _____

Home Address _____

City State Zip

Home Phone () _____

Cell Phone () _____

Work Phones () _____

() _____

Family Physician _____

Physicians Phone () _____

Does your child currently take prescription or non-prescription medication on a regular basis? _____
If yes please list them along with times to be administered: _____

Will your child have medication that requires refrigeration? _____

Note: Please bring all medications in original prescription bottles!

"I give my permission to the camp nurse to administer the following medication to my child for the following complaints."

For headache, muscle ache, or sports injury:
Aspirin _____yes _____no
Acetaminophen _____yes _____no
Ibuprofen _____yes _____no

For upset stomach:
Antacid (Maalox) _____yes _____no

For severe allergic reaction
(swelling, itching, hives)
diphenhydramine (Benadryl) _____yes _____no

Contact lenses _____yes _____no
Tetanus Immunization Date: _____

Other information that would be helpful to the camp nurse while your child is at camp: _____

Does your child have :
Allergies: _____yes _____no <i>Please specify:</i>
Asthma: _____yes _____no
Diabetes: _____yes _____no
Other:

Our family insurance coverage is _____
Policy # _____

I hereby authorize any representative of PCC to obtain any emergency medical treatment for my child that may be needed.

Parent/Legal Guardian's Signature Date

***** Please attach a photocopy of your health insurance card.**