

CAMPER HEALTH INFORMATION

Camper Name _____ Parent Name _____

Phone Number (_____) _____ Secondary Contact Number _____

Address _____

Insurance Company Name _____ Group/Policy Number _____

Family Physician _____ Physician's Phone (_____) _____

Allergies: Please list any food, medication, insect or other allergies & **describe the reaction and management of the reaction!**

Allergy: _____

Reaction/Management: _____

Medications:

Over the Counter -Please list all medications, dosage, and the times taken routinely.

Prescription -You **MUST** keep medications in the original packaging/bottle that identifies the prescribing physician, name of medicine, dosage, and frequency. Prescription medication not in original package/bottle will not be accepted. Without this our nurse is not permitted to give medication to your child.

Medications: _____

*List any OTC medications your child **CANNOT** receive:

Authorization and consent to participate in camp activities and receive medical treatment

(Please initial each authorization and sign below)

_____ I authorize Northeast Iowa Christian Service Camp to render first aid treatment if needed. In case of emergency, I give permission to the camp to secure treatment for my child. I understand that every effort will be made to contact me before medical treatment is administered.

_____ I release the camp staff, faculty, officers, and management from liability. I also understand that the camp accident insurance is secondary to my own. I give permission for the appropriate camp personnel to search my child's belongings in my child's presence when the health, well-being, or safety of the camper or others require it.

_____ I understand that if it is determined my child is found with head lice, my child will have to be picked up. A registration refund will be pro-rated, if a refund form is filled out and sent to the camp treasurer. Contact the camp director for the form or download from: NEICSC.org.

_____ I authorize photos or videos to be taken of my camper for promotional purposes and may be uploaded to the internet.

_____ I hereby give permission for my child to participate in off-site activities (such as swimming or service projects) and give my permission for my child to ride in vehicles to and back from these trips sponsored by and supervised by NEICSC

By registering and signing, I agree to the permissions, consents, and releases as indicated. I verify that all medical information is up-to date and accurate.

Signature: _____ **Date:** _____