



Please mail all health forms to:
 NEICSC, c/o Sarah Harris
 19268 Forest Ave.
 Dumont, IA. 50625

YOUTH Health Form

IMPORTANT:

Campers **will not** be allowed to stay at camp without this health form on file.
 Campers with **special needs** are encouraged to contact the Director before coming to camp.

This information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs. All signatures/initials acknowledge that you have read and understand the preceding material.

HEALTH INSURANCE INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Family Physician: _____ Family Doctor Phone: () _____
 Health Insurance Co.: _____ Policy No.: _____

In case of an emergency, NEICSC will contact the parent(s) listed above.

MEDICAL HISTORY

Medical Conditions:	<input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions, Seizures	<input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other: Explain
Has Difficulty With:	<input type="checkbox"/> Eyes/Ears/Nose /Throat <input type="checkbox"/> Digestion	<input type="checkbox"/> Sleep Walking <input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Menstrual Problems <input type="checkbox"/> Other: Explain
Allergies:	<input type="checkbox"/> Medication Allergies (List all known)	Reaction/Management:	
	<input type="checkbox"/> Food Allergies (List all known) <i>If your child has gluten or special dietary needs: Due to limited staff, we are unable to offer a gluten-free menu along with our regular menu. We will gladly work with you to help provide for your child's nutritional needs.</i>	Allergies/Reaction/Management:	
	<input type="checkbox"/> Other Allergies (List all known) stings, hay fever, asthma, animal dander, etc.	Allergies/Reaction/Management:	
Immunizations:	<input type="checkbox"/> DPT/Tetanus shot within the last 10 years. <input type="checkbox"/> Immunizations up to date.		

MEDICATION INFORMATION

All prescription medication must be in the **original container, labeled with the recipient's name, name of the medication, current dosage, time taken, physician's name, and pharmacy name.** All over-the-counter medication must be in the original container, labeled with the recipient's name, dosage, time and purpose to which it is to be given.

All medications will be collected by the medical personnel upon arrival at camp from both campers and faculty. Do not use daily dose containers. State law requires medicines to be in their original containers with dosage clearly marked. Medication sent otherwise cannot be dispensed.

MEDICATIONS	I give permission for NEICSC to administer over-the-counter medications, with the exception for those that are listed below, to my child if the camp medical personnel deem it necessary. Dosages will be administered according to the directions on the bottle unless otherwise directed by a physician.	Initial:
	OTC my child can NOT receive:	
Please list ALL medication (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Adults over 18 need not list reasons for medications.		
Med #1: Dosage: Specific times taken each day: Reason for taking:	Med #2: Dosage: Specific times taken each day: Reason for taking:	
Med #3: Dosage: Specific times taken each day: Reason for taking:	Med #4: Dosage: Specific times taken each day: Reason for taking:	
Please share any other information we should know regarding your health and medical history:		

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: _____