

## Health Form

Your frankness about any physical or emotional need will help the director and the counselors work more effectively with your child. Please attach a copy of your insurance card and explanation if limitations are not covered in the following questions.

### Youth Medical Information

In good health and able to participate in all normal camp activities? Yes No if NO explain) \_\_\_\_\_  
\_\_\_\_\_

List any recent illness, surgery or injury that may affect camper

Any diet restrictions?

Known allergies to food?

Known allergies to medications (penicillin, etc.)

Any of the following **allergies** or **conditions** to which the camper may be subject: ADD ADHD Asthma Bedwetting Bee Sting Convulsions Eating Disorder Fainting Food Hay Fever Poison Ivy/Oak Sleep Walking Other:

**We cannot dispense medications unless in the proper container.** Check with your pharmacy for a labeled container. Can camper have Tylenol or Ibuprofen as needed? Yes No

Medications: include dosage: Attach extra page if needed.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Are there any medications that should **NOT** be given? (List)

Date of last DPT immunization or booster?

This form was completed by: (circle one)

Parent  Guardian  Physician

**Parent/Guardian Release:** Our camper has permission to participate in camp. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby grant permission to the physician selected by the camp staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for child while attending camp. I/We further release the camp director(s) and staff, Christian Church In Kentucky Region and Christian Church In Kentucky-West Area from responsibility and liability for any accidents or illnesses occurring during camp. I/We also authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. Tylenol; ibuprofen) if the situation warrants. **Please indicate if there are any emotional events (family serving in military, move, divorce, death, etc.) that may affect camper?**

Parent / Guardian \_\_\_\_\_

**Minister & Church Endorsement:** I recommend this person as a representative of \_\_\_\_\_ Church in \_\_\_\_\_ (town).

This person is a member of our congregation? Yes No.

If no, what (if any) Church are they a member of?

I witnessed an adult signing this form. Yes No.

Do you consider this child as a "high risk" camper? Yes No.

To your knowledge is there any information that the director needs to know about this camper? Yes No (Yes, please write a separate note and forward to the Regional marked, CYF Seminar office. This will be given to the Director.)

\_\_\_\_\_ Minister

Please mail completed, signed registration form and deposit check to the Regional Office at the address to the right.

**Christian Church In Kentucky**  
**1125 Red Mile Road, Lexington, KY 40504**  
**(859-233-1391)**