Church of the Brethren Western Plains District

Camper's Health Form

This form must be completed within 24 months of camp and submitted to the Camp Director 3 weeks prior to camp session. Last year's health form or current school statement is acceptable if the information is current.

Part I – For physician or nurse practitioner to complete and sign

Note: This child is planning to attend a week-long resident camp away from his/her home and some distance from care. The camp will have a health supervisor who has at least completed an advanced first aid course. Your response to all these questions will help care for the child. Use the back of this form to record additional information.

Camper name:_____ Birth date: _____

Past history of serious lacerations, injuries, or illnesses:_____

_____ _____

Current conditions: _____

_____

_____

Allergies / Reactions

To drugs (Penicillin, etc):_____

To food: _____

Special dietary requirements:_____

Other allergies:_____

Attach an official certificate of immunization or complete the following:

Vaccine	Month/Year Given	Vaccine	Month/Year Given
Diphtheria-Tetanus-Pertussis		Rubella	
Tetanus-Diphtheria (TD)		Mumps	
Polio		Other	
Measles (hard, red)		Other	

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camping program EXCEPT as follows:

_____

Signature of physician/nurse practitioner:_____ Date: _____

Printed name of physician/nurse practitioner: _____

Address:_____ Phone: _____

Please attach a copy of camper's health insurance provider card/certificate (front & back.)

(See next page for Part II – Medication Administration)

Part II – Medication Administration

Camper name:_____ Birth date: _____

Over-the-Counter Medications	Dosage Instructions

Over-the-counter medications NOT permitted for this camper: _____

_____ _____

Prescription Medications	Dosage Instructions

Name of physician/nurse practitioner verifying prescribed medications: _____

Signature: _____ **Date:** _____

Prescription medications brought to camp must be in original bottle with directions and camper's name on it. Children with asthma are required to bring their inhaler, also properly labeled.