

Michigan Area United Methodist Camp Health Form (printable version)

This information is helpful in providing a safe and positive experience for your camper. No camper will be admitted without this form.

Camper Name _____ Nickname(optional) _____ Sex _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Work Phone _____ Cell _____

Emergency Contact (Other than Parent) _____ Relationship _____ Cell _____

Physician _____ Phone _____ Dentist _____ Phone _____

Name of primary insurance provider: _____

Family Health Insurance Company Name: _____

Contract Number: _____ Group Number: _____ Plan Code: _____

Allergies To Medication? No Yes, If yes, list _____

To Environmental? No Yes, If yes, list _____

Allergies to certain food? No Yes (list them) _____

Is there any medication and inhalers we should be aware that camper will bring with them? Please list below:
(prescribed meds to be turned into staff at time of arrival to camp)

Medicine	Dose	Time of Day	Child need a reminder from staff

The camp stocks the following medications. Please do not send additional amounts.

Acetaminophen (Tylenol) Ibuprofen (Motrin) Diphenhydramine (Benadryl) Decongestant Antacid Cepecol
Calamine Lotion Cough Drops Cough Suppressant Imodium (Anti Diarrhea) Hydrocortisone Cream

Check one It is OK to give my child these meds (camp stock) if indicated per the camp Standard Treatments
 It is OK to use these meds (camp stock) **except** _____

Diet Is your camper vegetarian? Yes No Is your camper on a gluten free diet? Yes No
 Is your camper vegan? Yes No

Legal PARENT/GUARDIAN/CUSTODIAN AUTHORIZATION Please read and sign, indicating your authorization:

1. This health form is correct as far as I know, and the person herein described has permission to engage in all camp as noted throughout this form.
2. I hereby give permission to the medical personnel selected by the Camp Site Director to provide routine health care, to administer medications, and to order X-rays, routine tests, and treatment for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Camp Site Director to hospitalize, secure proper treatment, review my/my child's medical records, discuss my/my child's conditions with any medical personnel, and to order injection and anesthesia and/or surgery for me/my child as named above. This online form may be printed for use outside the camp.
3. I give permission for me/my child to be transported in a private vehicle if necessary.

Parent/Guardian Signature: _____ Date: _____