

# Pennsylvania Christian Camp Health Form

To be completed and signed by parent or guardian.

Please print

Camper's Name \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_\_\_  
Age \_\_\_\_ M\_\_ F\_\_

Parents' Names \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_

City State Zip

Home Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_  
Work Phones ( ) \_\_\_\_\_  
( ) \_\_\_\_\_

Family Physician \_\_\_\_\_  
Physicians Phone ( ) \_\_\_\_\_

Does your child currently take prescription or non-prescription medication on a regular basis? \_\_\_\_\_  
If yes please list them along with times to be administered: \_\_\_\_\_

Will your child have medication that requires refrigeration? \_\_\_\_\_

"I give my permission to the camp nurse to administer the following medication to my child for the following complaints."

For headache, muscle ache, or sports injury:  
Aspirin \_\_\_\_\_yes \_\_\_\_\_no  
Acetaminophen \_\_\_\_\_yes \_\_\_\_\_no  
Ibuprofen \_\_\_\_\_yes \_\_\_\_\_no

For upset stomach:  
Antacid (Maalox) \_\_\_\_\_yes \_\_\_\_\_no

For severe allergic reaction  
(swelling, itching, hives)  
diphenhydramine (Benadryl) \_\_\_\_\_yes \_\_\_\_\_no

Contact lenses \_\_\_\_\_yes \_\_\_\_\_no  
Tetanus Immunization Date: \_\_\_\_\_

Other information that would be helpful to the camp nurse while your child is at camp: \_\_\_\_\_

|                             |  |
|-----------------------------|--|
| Does your child have :      |  |
| Allergies: _____yes _____no |  |
| <i>Please specify:</i>      |  |
| Asthma: _____yes _____no    |  |
| Diabetes: _____yes _____no  |  |
| Other:                      |  |

Our family insurance coverage is \_\_\_\_\_  
Policy # \_\_\_\_\_

I hereby authorize any representative of PCC to obtain any emergency medical treatment for my child that may be needed.

\_\_\_\_\_  
Parent/Legal Guardian's Signature Date

**\*\*\* Please attach a photo static copy of your health insurance card.**