

# 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? \_\_\_\_\_

Note: Please bring all medications in original prescription bottles!

"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 photocopy of your health insurance card.**