

HEALTH FORM

And Covenant to Participate.

TALL OAKS SUMMER CAMP AND CONFERENCE 2010 Christian Church (D.O.C.) of Greater Kansas City

Camper Name: _____ Camp: _____

Any recent illness/injury? What/when: _____

Any Special Challenges? (ADD, behavior disorders, physical /mental conditions, special diet needs, etc.)

Date of Last Physical (required) _____ Date of Last Tetanus Shot (required) _____

Note: Physical required within last 2 years and tetanus shot in last 10 years.

RESTRICTIONS ON ACTIVITIES

- _____ None
- _____ Hiking
- _____ Swimming
- _____ Horse riding
- _____ Adventure course
- _____ Strenuous games
- _____ Other (explain) _____

ALLERGIES

- _____ Insect sting/bite
- _____ Hay fever
- _____ Penicillin
- _____ Poison Ivy/Oak
- _____ Sulfa/other drugs
- _____ Tetanus shot
- _____ Other (explain) _____

HAS HISTORY OF/UNDER MEDICAL CARE FOR.

- _____ Appendicitis
- _____ Asthma
- _____ Athlete's Foot
- _____ Bronchitis
- _____ Diabetes
- _____ Seizures
- _____ Heart trouble
- _____ Hernia
- _____ Nervous disorder
- _____ Psychological disorder
- _____ Skin disease
- _____ Stomach ulcer
- _____ Tonsillitis
- _____ Other (list) _____

DOES SHE/HE WEAR

- _____ Contact lenses
- _____ Glasses
- _____ Hearing aid
- _____ Orthodontics

SUBJECT TO

- _____ Bed wetting
- _____ Cold/Pneumonia
- _____ Convulsions
- _____ Cramps
- _____ Dehydration
- _____ Earaches
- _____ Exhaustion
- _____ Fainting
- _____ Headaches
- _____ Homesickness
- _____ Nose-bleeds
- _____ Sleepwalking
- _____ Sore Throat
- _____ Swimmer's ear
- _____ Toothaches
- _____ Stomach/digestive disorder
- _____ Other (explain) _____

PERSONAL & FAMILY

- _____ Is this your campers first experience away from home?
- _____ Is this your campers first multi-night experience away from home?
- _____ Menstruation has begun?
- _____ Has your daughter been told about this?

Which of the following has the participant had?

- _____ Measles
- _____ Chicken Pox
- _____ German Measles
- _____ Mumps

IMMUNIZATIONS (REQUIRED)

Please list Month and Year

- _____ DTP
- _____ TD (tetanus/diphtheria)
- _____ Polio
- _____ MMR
- _____ or Measles
- _____ or Mumps
- _____ or Rubella
- _____ Haemophilus influenza B
- _____ Varicella (chicken pox)
- _____ Hepatitis
- _____ Meningitis

EMERGENCY CARE AUTHORIZATION

In Case of Sickness or Emergency

By my notarized signature, I hereby authorize the event director or camp staff to secure medical treatment for my child (ward). If needed I give permission for the attending physician to hospitalize and provide proper treatment. I also understand that the insurance provided by the Camp & Conference Program is a limited supplemental policy covering only illness and injury occurring during the event. Even then it will be used to supplement the family insurance. I also give permission for my child (ward) to participate in activities with restrictions as indicated in column to the left.

PARENT SIGNATURE: _____

Date: _____ Home Ph: (____) _____

Day Ph: (____) _____

EMERGENCY CONTACT

In case parents cannot be reached

Name: _____ Relationship _____

Day Ph: (____) _____ Eve Ph: (____) _____

NOTARY SIGNATURE:

_____ Date: _____

Other Health information:

**REGISTRATION CAN NOT BE CONFIRMED
WITHOUT A NOTARIZED FORM!**

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Page 2

CAMPER NAME: _____

CAMP: _____

INSURANCE & PHYSICIAN

Policy holder's name: _____ Doctor's Name: _____

Policy Number: _____ Doctor's Phone: (____) _____

Insurance Company & Phone: _____ (____) _____

MEDICATIONS

List medication(s) & what they are for: _____

Please check "over the counter" medications nurse may give camper:

Aspirin ___ Tylenol ___ Benadryl ___ Ibuprofen ___ Tums ___ Pepto Bismol ___ Other _____

COVENANT TO PARTICIPATE (all signatures are required) (Minister's signature may be omitted if not registering through a church.)

TO THE CAMPER

*I agree to participate fully in the activities of the event in which I register.

*I will follow the safety regulations and the direction of the staff.

*I will not bring alcohol, illegal drugs, firearms or fireworks.

*I will abide by camp rules for use of cell phones and other electronics.

*I will follow all rules of the camp and Tall Oaks.

Camper's Signature: _____

Date: _____

TO THE PARENT/GUARDIAN

I give full permission for my child

_____ to attend the event for which she/he has registered

_____ to participate in all activities unless otherwise noted on 1st page of health form.

_____ to have photos used in publicity photos & films (No names or personal info. will be used.)

Parent/Guardian Signature: _____

Date _____

TO THE MINISTER

I recommend this youth for the Camp & Conference program. If there are any reservations, concerns, or issues of which I am aware, I agree to share those in a professional manner with those working with the Camp & Conference Program.

Minister's Signature: _____

Date _____

Name of Church: _____ Phone: _____

Address: (if not KC, D.O.C.) _____