

HEALTH FORM

And Covenant to Participate.

TALL OAKS SUMMER CAMP AND CONFERENCE 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, and use any photos (without name) in camp photos and for publicity.

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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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.)

NOTE: Parent or Guardian will be notified if any significant injury or illness occurs

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.) _____