

PNF Camping Trip

Health and Medical Information Form

Camper's Name _____ Date of Birth _____

Please list any Medical Conditions: Use the back of this form for additional space.

Allergic Reactions to (circle all that apply):

Insect Stings Aspirin Penicillin Benadryl

Please list any additional Allergies: Use the back of this form for additional space.

If any allergies are circled or listed, please give reaction and treatment needed:

Please list any special diet restrictions: Use the back of this form for additional space.

I give my permission for camp staff to administer the following to my child as needed:

____ Tylenol ____ Pepto Bismol ____ Ibuprofen ____ Benadryl

My child's weight: _____ (needed to administer proper dosages of some medications)

My child takes the following prescription medications: (Use the back of this form for more space)

Drug Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue to other side)

Ins. Co. Name: _____ Phone Number: (____)____ - _____

Physician's Name: _____ Phone Number: (____)____ - _____

Ins. Policy Number: _____ Hospital Insurance: ____ Yes ____ No

ER Contact Person: _____ Phone Number: (____)____ - _____

Church Name: _____ Phone Number: (____)____ - _____

***Please Note: Our health staff cannot administer prescription medications unless they are in the original prescription bottle your child's name and the doctor's instructions on the bottle.**

Please place all medication bottles in a Ziploc bag with your child's name on the outside.

I hereby certify that (Child's Name) _____ is in good health, free of any communicable disease and able to participate in all activities. In case of medical emergency, I hereby give my permission for the staff/volunteers to treat my child with basic first aid or one of the over the counter medications listed above. In the event that my child needs further treatment, I give the camp staff my permission to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for my child as named above. I understand that, in the case of emergency, every effort will be made to contact me first; however, if I cannot be reached, the camp staff will act in the best interest of my child. I agree to cover the costs of any and all treatments. My signature below is evidence of my understanding of all above information and releases New River Community Church of God, and all staff/volunteers of liability.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____