

Camper Health Form

"All IN" 2019

To be completed and signed by parent or guardian.
Please print

Camper's Name _____ Date of Birth ____ / ____ / ____

Age at camp _____ Gender: M ___ F ___ Grade fall of '17 _____

Parent's or Legal Guardian's Names _____

Home Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phones () _____ () _____

Work Phones () _____ () _____

Family Physician _____ Physicians Phone () _____

Does your child currently take prescription or non-prescription medication on a regular basis? ____ yes ____ no

If yes, please bring medication in its **original container** with clearly marked instructions to administer at camp.

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."

Headache, muscle ache, or sports injury:

Acetaminophen _____ yes _____ no

Ibuprofen _____ yes _____ no

Upset stomach

Antacid (Maalox) _____ yes _____ no

Pepto Bismol _____ yes _____ no

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? _____

Our family insurance coverage is _____ Policy # _____

Policy Holder's Name _____

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

PARENTS AUTHORIZATION I (we) herewith authorize any representative of Camp Wildwood and or Wabash Park Camp & Retreat Center to request and consent in writing or otherwise as requested by Union Hospital, Inc. (Terre Haute, IN.), or any other licensed hospital, to any and all examinations, medical treatment and/or procedures to or for the above named minor, either on or off the premises of Union Hospital, as may be deemed advisable or appropriate by any physician or surgeon licensed to practice medicine in the state of Indiana. This authorization constitutes a Power of Attorney appointing the above named staff as Attorney - In-Fact to sign said requests and consents as fully as though I myself did so. This consent is effective from 6/1/19 - 7/31/19. I hereby release the Wabash Conference of the Free Methodist Church, Camp Wildwood as well as WPC&RC and/or its personnel from responsibility in case of sickness and/or accident while he/she attends Camp Wildwood. I hereby grant my permission for my child to be transported by bus or van to nearby facilities that are included in camp programming. I acknowledge that I understand the potential risk and the activities involved in youth camping.

Signed: _____
(Parent or Legal Guardian)

Does your child have:
Allergies? ____ yes ____ no
Please specify: _____

Asthma? ____ yes ____ no
Diabetes? ____ yes ____ no
Other? _____

Date: _____

(Note: This document must be signed and dated for the registration to be accepted)