

# KIDZ FAITH CAMP HEALTH FORM

(Please attach copy of current immunization records!)

Campers Name (last, first, middle) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Camper Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper Social Security Number (For use in medical emergencies) \_\_\_\_\_

Birth date \_\_\_\_\_ Phone number: (Home) \_\_\_\_\_ (Parent-business/cell) \_\_\_\_\_

Emergency Contact (name/relationship) \_\_\_\_\_ Phone \_\_\_\_\_

## Camper Health Insurance Information:

Note: Family insurance is the primary insurance.

Policy Holder Name \_\_\_\_\_

Company name \_\_\_\_\_ Company phone \_\_\_\_\_

Policy # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

The following information is required to ensure that your child's individual needs are met while attending camp. Information is confidential and will be made available only to those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parent or designated individual. No person under 18 will be allowed to attend camp without a completed health form. Many hospitals require signatures before proceeding with treatment.

**Liability:** The Lake Cities Church of Christ in Trophy Club, Texas is not responsible for personal items that are lost, stolen, or broken at camp sites.

## Health Concerns:

Is the camper in good health and able to participate in all normal camp activities? YES \_\_\_ NO \_\_\_

If not, explain \_\_\_\_\_

Date of last complete physical examination \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Immunization:** Date of last Tetanus shot \_\_\_\_\_ Tetanus booster \_\_\_\_\_

Allergic to: Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_ Insect stings \_\_\_\_\_ Poison ivy/oak \_\_\_\_\_ **Other** \_\_\_\_\_

Subject to: Bed wetting \_\_\_\_\_ Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Skin Rash \_\_\_\_\_ Fainting \_\_\_\_\_

Information Camp director should have (explain): \_\_\_\_\_

**(Medications brought to camp must be in their original container which lists proper dosage and frequency.**

**I give permission for first aid director to administer over-the-counter drugs (i.e.: Tylenol/Sudafed) as needed to this camper. Yes \_\_\_ No \_\_\_**

I/We \_\_\_\_\_ as \_\_\_\_\_ of \_\_\_\_\_

(Relationship to minor child)

a minor child under the age of eighteen years, do hereby delegate to a representative of the Lake Cities Church of Christ in Trophy Club, Texas authority to consent to all health care (x-rays, routine test, hospitalization, injection, anesthesia and/or surgery if necessary) to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Texas. This authority is delegated due to my/our unavailability to exercise the authority in person. This delegation of authority will commence on \_\_\_\_\_ and shall be valid until \_\_\_\_\_. I agree to permit him/her to be transported in private or public vehicles. \_\_\_\_\_

(Signature of parent/guardian)

I hereby give permission for this person's photograph to be used in camp publicity. \_\_\_\_\_

(Signature of parent /guardian)

Lake Cities Church of Christ, 280 Indian Creek, Trophy Club, TX 76262 (817)430-1161

lakecitieschurch.com/camp

