



CAMPER Health Record
CHURCH OF GOD OF PROPHECY
YOUTH CAMP 2016



STATE LAW requires a Health History and Statement of Health **SIGNED** by **PHYSICIAN** stating that the camper has had a physical within one year of entrance to camp

Name (**CAMPER**) _____ DOB: _____

Address: _____

City _____ State _____ Zip _____

List all camps you will attend in 2016 _____

INSURANCE INFO: Subscriber's Name _____ Policy # _____

Insurance Company Name _____

Address _____ Telephone () _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____ Phone H () _____ W() _____

Name _____ Relationship _____ Phone H () _____ W() _____

In case of an emergency, I (**parent/guardian**) **HEREBY GIVE PERMISSION** to the physician selected by the camp to hospitalize, secure proper treatment for, and or order injection, anesthesia or surgery for the camper named above. I understand that all health care and medical attention needed, while at camp will be billed the camper's parent/guardian.

SIGNATURE _____ Date _____

MUST BE FILLED OUT BY PHYSICIAN: (OR ATTACH A PRINTOUT OF PATIENT'S RECORD FROM PHYSICIAN'S OFFICE). **Remember to have it signed.**

Record of immunization: (We must have **DATES** of latest boosters.)

DPT (date)	Oral Polio – Sabin (date)	Rubella (date)
DT (date)	MMR (date)	Mumps (date)
Tetanus (date)	Measles (date)	Tuberculin Test (date)

Examination: Height _____ Weight _____ B/P _____ Pulse _____ Abnormalities Noted _____

The patient is under the care of a physician for the following: _____

Treatment or medication to be continued at camp: _____

Medical & Food Allergies: _____

Patient should be watched for: _____

Special Diet Requirements: _____

Restrictions on activity while at camp: _____

Date of Exam: _____ Physician's Name _____ Phone () _____ --

Address _____ City _____ State _____ Zip _____

SIGNATURE OF PHYSICIAN or OFFICE STAMP _____ Date _____

**** Please note that the camper MUST complete a physical, with a Physician's signature, of a date no less than July 30th, 2015**.**