

Health Form

Student's Name _____

Parent/Guardian _____

Day Phone _____ Mobile Phone _____

In case of emergency:

Alternate Contact _____ Phone _____

ALLERGIC REACTIONS

[] Foods _____

[] Other _____

CHECK ALL APPROPRIATE BOXES

[] Seizure disorder [] Asthma [] Diabetes

[] Recent injury, illness, or infectious disease? (last 6 months)

If yes, please explain _____

STUDENT LIMITATIONS

Use this space to provide any additional information about the student's behavior and physical, emotional, or mental health you deem important to inform the camp staff (include learning disabilities).

PRESCRIPTION DRUGS

Please contact the Local Church Director for instructions regarding any and all medication.

Date

Signature of Parent/Legal Guardian



Please return this form to the
LOCAL CHURCH DIRECTOR