

Christian Fellowship Church 2016 Fall Camp Medical Form

STUDENT'S NAME Last _____ First _____ Middle _____

DOB _____ Height _____ Weight _____ Sex M / F

MEDICAL HISTORY

Has the student been exposed to a communicable disease recently? _____ Date of last Tetanus Shot _____

Please check if applicable

- () Convulsions/Epilepsy () Heart Disease () Bleeding/Clotting Disorder
 () Diabetes _____ Last Blood Sugar _____ () Other (list) _____

Past surgeries with dates _____

ALLERGIES: Insect Stings () Asthma - Last Peak Flow _____ () Medications (list below with medications not to be taken)

() Hay Fever () Food and Other (list) _____

MEDICATIONS DISCONTINUED IN LAST 3 MONTHS _____

MEDICATIONS THAT SHOULD NOT BE TAKEN _____

MEDICATIONS TO BE TAKEN WHILE AT GREENVIEW.

All medications should be brought in original container and kept by camp for dispensing.

Medicine	Dosage	Frequency	Taken For	Taken since	Reaction	Is Refrigeration Necessary
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1						
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2						
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3						
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MEDICATIONS THE CAMP CAN DISPENSE

Initial to approve _____

_____	1. Tylenol/acetaminophen:	As needed	Pain/Fever
_____	2. Motrin/ibuprofen	As needed	Pain/Fever
_____	3. Tums/antacid	As needed	Upset stomach
_____	4. Pepto-Bismol/bismuth subsalicylate	As needed	Upset stomach/diarrhea
_____	5. Benadryl/diphenhydramine		Hives/rash/swelling/allergic reaction

MEDICAL INSURANCE INFORMATION

Participant's Name _____ Medical Insurance Carrier _____

Policy # _____ Group # _____ Subscriber _____

Does the insurance plan require services be provided by or authorized by a primary care physician? _____

Primary Care Physician Name _____ Phone # _____

Dentist or Orthodontist Name _____ Phone # _____

PARENT OR GUARDIAN AUTHORIZATIONS

We will attempt to contact the parent and primary care physician before pursuing other options. The Ephrata Community Hospital is the closest emergency room and is normally our first choice of providers in the event of an emergency.

I hereby give my permission for photographs in which students may appear to be used by Christian Fellowship Church in their promotional activities. To the best of my knowledge, the information provided herein is correct and complete. I hereby give my permission for this form to be photocopied. **In the event I cannot be reached in an emergency, I hereby give permission for a physician selected by the camp staff or sponsoring group leaders to order x-rays, routine tests, injections, anesthesia, surgery, or other treatment for the health and well being of my child.**

Emergency Contact _____

Emergency Contact _____

Name	Address	Phone # (s)
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Parent or Guardian's Signature _____ Date _____