

CORNING AREA BIBLE CLUB NURSES FORM FOR CAMP YEAR 2012

Camper Name	Camper Birthday	Camper Phone Number
Camper Address		
Parent/Guardian	Phone Number @ Work	Phone Number @Home
Relationship		
Address		
Emergency Contact If Unable To Reach Parent/Guardian	Name	Phone Number
Camper Allergies- Food, Medicine, Bees Other	Symptoms Of Allergy	Usual Treatment Required
Camper Medications	Takes For	Times Taken At Home
List Physical /Medical Limitations For Sports Participation	Is Camper Allowed To Swim	Does Camper Wet Bed
<u>Immunizations—Parent or physician List Dates Given</u>	<u>NURSES TO COMPLETE</u>	<u>THESE SECTIONS</u>
Dpt/Tetanus	PULSE	
	TEMP	
Polio	ATHLETES FOOT	
	RASHES	
MMR	PLANTAR WARTS	
	HEAD LICE	
Hepatitis B		