

CORNING AREA BIBLE CLUB CAMP HEALTH FORM 2020

CAMPER NAME		CAMPER BIRTHDAY		CAMPER PHONE NUMBER	
CAMPER ADDRESS					
PARENT/GUARDIAN NAME		RELATIONSHIP			
WORK PHONE NUMBER		CELL PHONE NUMBER		HOME PHONE NUMBER	
ADDRESS					
EMERGENCY CONTACT IF NEEDED		RELATIONSHIP			
WORK PHONE NUMBER		CELL PHONE NUMBER		HOME PHONE NUMBER	
ADDRESS					
ALLERGIES TO FOOD, MEDICINES, BEES		USUAL SYMPTOMS		USUAL TREATMENT	
ALL MEDICATIONS ARE TO BE LEFT WITH THE NURSE UPON ARRIVAL TO BIBLE CAMP					
MEDICATIONS TAKEN AT HOME		WHAT TAKEN FOR		WHAT TIME TAKES AT HOME	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
OVER-THE-COUNTER MEDICATIONS stocked at camp		WHAT CAMPER MAY TAKE WHILE AT CAMP		USUAL DOSE TAKEN	
PEPTO-BISMOL					
ACETAMINPHEN (TYLENOL)					
IBUPROFEN (MOTRIN)(ADVIL)					
BENADRYL (DIPHENHYDRAMINE)					
COUGH DROPS					
BEN-GAY					
NEOSPORIN OINTMENT					
CORTISONE CREAM					
BENADRYL CREAM					
Does camper have any physical or medical restrictions for sports participation? YES NO What are they?					
Does camper wet the bed? YES NO					
Is camper allowed to swim? YES NO					
Does camper have problems reading or memorizing things? YES NO					
IMMUNIZATIONS- PARENT OR PHYSICIAN TO LIST DATES GIVEN			CAMP NURSE TO COMPLETE		
IMMUNIZATION		DATES			
DPT				TEMPERATURE	
DT				PULSE	
DTAP				ATHLETES FOOT right left	
POLIO (OPV)				PLANTAR WARTS right left	
MMR				HEAD LICE	
HEPATITIS B (HEP B)				RASHES location:	
VARICELLA					