

Little Galilee Christian Camp Health History Card

Camper's Last Name: _____ First Name: _____

Session Name: _____

PLEASE NOTE: IN ORDER TO REGISTER YOUR CHILD, THE PARENT OR LEGAL GUARDIAN MUST SIGN ON THE LINE AT THE BOTTOM OF BOTH PAGES AND FILL OUT THE OTHER REQUIRED INFORMATION!

Session # child plans to attend. Main # _____ Wilderness # _____ Outpost _____ Other# _____

I certify that _____ is in good physical condition and is able to participate in all camp activities except _____

Please circle illnesses your child has had: Measles Whooping Cough Mumps
Please circle the illnesses your child is susceptible to: Tonsillitis Asthma Ear Infection Hay Fever Epilepsy
Other: _____

Date of last polio booster: _____ Tetanus Booster: _____

Please circle if camper is allergic to: Poison Ivy Mosquitoes Bee Sting

Drug Allergies _____ Other Known Allergies _____

Do you give your child Tylenol? Yes No Weight: _____

Has the camper had any serious injuries or surgery in the last 6 months? Yes No

If so explain: _____

Past Medical History _____

A. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Camp Management to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on card. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before such medical treatment is administered.

B. Doctor calls for sickness and subsequent hospitalization are to be charged to our family insurance account noted, or charged to me personally.

C. I ACKNOWLEDGE THAT SECONDARY ACCIDENT INSURANCE ONLY IS PROVIDED BY LITTLE GALILEE.

D. I give permission for my child to take part in the recreational and swimming program, and agree to be bound by all camp policies.

E. I hereby release the Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Little Galilee Christian Camp or its staff members, management or officers liable unless guilty of negligence.

F I hereby state that I have completed my child's "HEALTH HISTORY CARD."

G. I hereby consent and authorize the reproduction, publication and use by Little Galilee Christian Camp Inc. for advertising, commercial, or any other purposes, of any photograph, picture or likeness of my child.

SIGNATURE OF PARENT OR GUARDIAN : _____ DATE: _____

EMERGENCY PHONE NUMBERS!

Camper's Last Name: _____ First Name: _____

While your child is attending Little Galilee, we hope and pray we will never have to call you due to an illness or injury.

In case of such an event, PLEASE FILL OUT ALL OF THE INFORMATION REQUESTED BELOW. Thank You!

Parents' Names _____ Home Phone _____ / _____

Work Phone _____ / _____ Cell Phone _____ / _____

Health Insurance _____ Policy or Group No. _____

Family Physician _____ City _____ Phone _____ / _____

Dentist _____ City _____ Phone _____ / _____

Emergency Contact: Name _____ Phone _____ / _____ Relationship _____

Parents' Email Address: _____

Please list below any prescriptions or over the counter medications you would like your child to be allowed to take while at camp.

Please include Tylenol, inhalers and nebulizers. All medicine must be in marked bottles (no mixing) with instructions on bottles.

Tylenol is the only medication supplied by the camp.

	Name of Medication	MG Dosage and Frequency	Special Instruction
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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Parent signature below authorizes the Little Galilee staff to supervise self-administration of these medications while at camp.

(Parent Signature)

(Date)