

Triple "C" Bible Institute and Camp, Inc.  
**Health History & Medical Form**

This form must be on file for every camper

Camper Name: \_\_\_\_\_ Week Attending: \_\_\_\_\_

\*Your child is not completely registered unless all information is submitted. Please help us to get prompt emergency care for your child while contacting you. Noncompliance may hinder the registration processes. If we already have a completed medical history on file, you may fill in only the new health information, updates and signature.

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OR

Insurance Name \_\_\_\_\_ Insurance # \_\_\_\_\_ (A copy of insurance card can be attached if necessary)

**Parent / Guardian:** Family member(s) to contact in an emergency

Mother: \_\_\_\_\_ Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Father: \_\_\_\_\_ Phone: (Home: if not in the home) \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Other: Relationship \_\_\_\_\_ Name \_\_\_\_\_ Phone: \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

~~~~~ **Health History:** Are there any physical limitations that would prohibit your child's activities at camp or activities that you do want your child to participate in? If yes, explain: \_\_\_\_\_

Is camper currently under medical or psychological care, which would inhibit his activities at camp? Yes\_\_ No \_\_ Date of last medical examination or hospital stay \_\_\_\_\_

**Allergies:** Camper has allergies to: (foods, medicines, other) \_\_\_\_\_

**Medication:** ALL medications, vitamins, herbs must be in the original containers. List medication and supplements taken by the camper: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Reason: \_\_\_\_\_

**Immunization:** Date of last Tetanus: \_\_\_\_\_

My child's records of the necessary immunizations are up to date Yes No Please attach a copy of immunization records  
My child has a history of or has had:

- Asthma    Diabetes    Bed wetting    Menstrual Cramps    Sleepwalking    Heart defects  
Migraines    Seizures    Blood disorders    Frequent ear infections  
Hearing problems    Chicken pox    Eye problems (glasses)    Other

Please give your treatment for checked item above.

**Parent / Guardian Authorization for health care:** The above health history is correct to the best of my knowledge and the person described has my permission to participate in all camp activities except as noted. I give permission to the camp healthcare staff to administer medication and to perform treatment or medication for minor illnesses and injuries. I give permission to Triple C Bible Camp to transport my child to a healthcare provider. I give my permission to the physician selected to order x-rays, routine tests, and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize and secure proper treatment for my child.

Signature of parent /guardian: \_\_\_\_\_ Date \_\_\_\_\_

For questions concerning this health form, please call camp. This information is provided to the camp healthcare staff for adequate care of the camper.