

# NORTH CENTRAL PRESBYTERY JR./JR.HIGH CAMP HEALTH FORM

(Must be filled out by parent or guardian only)

Camp Fee 75.00/Canteen Fee 10.00 = one check 85.00)

Name \_\_\_\_\_ Sex: M or F  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age: \_\_\_\_\_ Grade Entering \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Alternate contact person \_\_\_\_\_ Relationship \_\_\_\_\_  
Church \_\_\_\_\_ Pastor \_\_\_\_\_

Allergies: \_\_\_\_\_  
Medications currently prescribed \_\_\_\_\_  
Dosage: \_\_\_\_\_ Time \_\_\_\_\_

All prescription medications must arrive in the original pharmacy container. Campers are not allowed to keep medications, including over the counter, in their personal belongings. All medications must be checked in with the camp nurse at registration when you arrive at camp. The following over the counter medications will be available from the camp nurse. Please circle those you would allow to be given to your child if needed:

Tylenol Advil Benadryl Sudafed Robitussin Zantac or Antacid  
(other over the counter medications must be sent from home and kept by the camp nurse)

List any health problems \_\_\_\_\_

Is the camper current on all vaccinations? Circle those current.

Typhoid Tetanus Polio Diphtheria Smallpox Mumps Hepatitis B

Physician \_\_\_\_\_ -Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this health form by May 15, 2007

Mail to:

MRS. MARGARET ALLISON  
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FAIRFIELD, ILLINOIS. 62837