



CAMPER HEALTH FORM 2011

Complete Registration and Health Forms and mail to:
 NE Iowa Christian Service Camp
 Attn: Registrar
 Amy Terrill
 1517 Marquis Rd.
 Cedar Falls, Ia. 50613

****Campers will not be allowed to stay at camp without this form on file. Campers with special needs are encouraged to contact the Director before coming to camp.**

Last Name _____ First Name _____ Middle Initial _____

Family Doctor _____ Family Doctor Phone _____

Camp Week _____ Health Insurance Co. _____ Policy No. _____

In case of emergency, NEICSC will contact those listed on the Registration Form as primary and secondary contacts.

HEALTH HISTORY

Camper has or is subject to (check if yes):

Asthma _____	Heart Condition _____	Other (list below) _____
Convulsions/Seizures _____	ADD/ADHD _____	_____
Diabetes _____	Bedwetting _____	_____

Allergies or reactions to (check if yes):

Food (list below) _____	Penicillin _____	Other (list below) _____
_____	Aspirin _____	_____
_____	Hay Fever _____	_____
_____	Insect Bites/Stings _____	_____

Immunizations up to date? Yes No **Date of Last Tetanus Booster** _____

MEDICAL TREATMENT CONSENT AND CAMP POLICY AGREEMENT

- I hereby grant permission to the camp to secure medical treatment for my child as deemed necessary. Medical coverage of accidents/illnesses will be charged to our family insurance or to me personally.
- I give my consent to the camp medical person to administer medications that I provide for my child, following my directions or those of the prescribing physician. Over-the-counter medications may be administered as needed for the well being of my child unless restricted below.
- I have read camp guidelines as listed on the brochure and understand my child must be in compliance with the policies of NEICSC. If the dean deems necessary, parents/guardians will be contacted and asked to speak to the camper. If the problem is not resolved, it will likely result in early dismissal with the parent responsible to provide immediate transportation home.
- Photo Release – I give permission for use of my child’s pictures in camp publicity.

Parent/Guardian Signature _____ Date _____

MEDICATIONS: Please attach a separate sheet for additional meds.

Prescription	Dosage	Frequency	Times of Day

Over-the-Counter Medications I DO NOT Wish to Be Given To My Child:

