

General Health History

GA Summer Mission Camp

****Please Print****

Name _____ Birth date _____ Age _____
Last First Middle

Parent/Guardian _____ Home Phone (____) _____

Work (____) _____ Cell Phone (____) _____

Home Address _____
Number/Street City State Zip

Name of Home Church _____

Name of Church/Group attending camp with (if different from above)

IS PERMISSION GIVEN to administer over-the-counter medication if deemed necessary by the camp nurse? Yes No

ALLERGIES (If yes, please check all that apply)

Hay Fever, etc. Poison Ivy/Oak/Sumac Insect Stings Penicillin Aspirin Other

Details _____

DISEASES (please check all that apply)

Which of the following has the participant had?

Measles Hepatitis A Mumps German measles
Hepatitis B Tuberculosis Chicken Pox Hepatitis C

Date of last tetanus shot _____

List other diseases or give details of above _____

Recent exposures to a contagious disease (describe & give date)

Operations or serious injuries (describe & give type)

Are immunizations up to date? _____ If no, explain _____

Any swimming or activity limitations? Yes No

Describe limitations:

Family Physician _____ Phone (____) _____

Dentist/Orthodontist _____ Phone (____) _____

Health-related suggestions for camp personnel:

Insurance (Enter information below & attach copy of insurance card) **No Insurance**

Name of Policy Holder _____ Phone (____) _____
Last First Middle

Address of Insured _____
Street Address City State Zip

Contract/Policy Number _____ Group Number _____

Insurance Co _____ Phone (____) _____

Address _____
Street Address City State Zip

PHOTOCOPY OF FRONT AND BACK OF HEALTH INSURANCE CARD MUST BE ATTACHED TO THIS FORM.

Permission for emergency treatment and release:

I hereby give permission to Camp Baldwin, GA Camp Director or staff member designated by him or her, to secure emergency medical treatment for my child. I agree to pay any expenses associated with such treatment. I do release staff, GA Mission Camp and Camp Baldwin from all claims that might arise as a result of the activities in which the campers will be participating.

Further, I authorize the consulted doctor and/or hospital to give emergency treatment to my child and agree to pay any expenses associated with such treatment.

The Health History is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities except as noted.

Signature of Parent/Guardian

Date

I have witnessed the above signature:

Witness

Date