

White Lake Covenanter Camp

Health Form

1. Personal Information

Full Name:	Male / Female	Age:	Grade:
Home Address:		Telephone:	

Emergency Contact:

Relationship to Camper:	Phone:
-------------------------	--------

Health Insurance Plan Name:

ID #:

Health insurance is not required in order to attend camp.

2. Medical History

Health Care Provider should furnish the following information

If the camper has been exposed to any communicable disease during the **three weeks prior to camp attendance, immediately contact the Camp Director at 215-852-9980.**

Is the camper under a doctor's care? Please describe:	Y / N
-------------------------------------------------------	-------

Is the camper taking any medication? (Medications must be supplied in their original dispensing containers with original labels)

Medication	Dosage

Permission for the Camp Health Director to administer: (circle yes or no)

Aspirin	yes	no	Pepto Bismol	yes	no
Non-aspirin	yes	no	Maalox	yes	no
Motrin	yes	no	Imodium	yes	no
Benadryl	yes	no			

Does the camper have any allergies? (medications, bee stings, food, environmental)

Please describe:	Y / N
------------------	-------

Are there any special conditions/restrictions we should be aware of?

Sleep Walking? Bed Wetting? Night Terrors? Restrictions on strenuous activity? Chronic or recurring illness? Special Diet?

Please describe:	Y / N
------------------	-------

Immunization Record. Give the date of the most recent shot or disease.

DPT:	Tetanus:	Mumps:	Hepatitis B:
Polio:	Measles:	Rubella:	Chicken Pox:
Haemmophilus inf lienza type B (HIB):			

Parental Consent

I give consent, in the event of an emergency, for the camp to seek medical attention for my child.

I give permission to the doctor and/or hospital to give the necessary treatment.

Parent/Guardian's Signature:

Date:

Health Care Provider's Name (please print):

Signature:

Date:

1. Campers MUST bring this signed form to camp or the camper will not be allowed to attend camp.

2. In the event of an emergency, the information on this form is crucial. Please complete this form accurately and carefully.

3. Note that section 1 is to be completed by the parent or guardian, while Section 2 **MUST** be completed by a Health Care Provider IF the child is in a cabin under a counselor's care. Both must sign in the spaces provided on the form.

We are inspected twice yearly and have obtained the necessary operating permit from the NYS Department of Health, 50 North Street, Monticello NY. Inspection records are maintained by the NYSDOH.