HEALTH RECORD- Camp Kulaqua 2017

Please print clearly.

****PLEASE ATTACH A PHOTCOPY OF INSURANCE CARD FRONT AND BACK WITH THIS FORM****

Student Name:	
Address:	
Birth Date:	Male ☐ Female ☐
Parent/Guardian Name:	
Home Phone:	Cell Phone:
Church:	Youth Pastor:
In Case of Emergency contact:	
Phone:	Relation:

History: (Circle) Frequent sore throat, abscessed ears, asthma, bronchitis, fainting, stomach upsets, constipation, kidney trouble, seizures, sleepwalking, diabetes, ulcer, anaphylactic allergic, reactions (bee stings, ants, other)

Allergies: (please be specific)

Drugs:		
Plants:	Insects:	Other:
Foods:		
Year of Immunization: DPT	Tetanus:	
Has camper been exposed to chicken pox in the past 2 weeks?		
Current Medications Taking and dosage:		
☐ **I release the nurse** of liability and responsibility to administer my student's medication as listed		
☐ **I want the nurse** to administer my students medication as indicated above		

Insurance Information:

Company Name: _____ Policy# _____Phone Number: _____

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I, _____hereby give my consent to Southland Student Conferences to take my above named child, to seek medical assistance (clinic, hospital, etc) and hereby release Southland Student Conferences of any and all liability, as a result of any negligent medical emergency treatment. I will assume full responsibility for any and all expenses incurred (i.e. ambulance, medical and/or hospital fees etc.)

Signature: _____Date: _____

STATE OF _____ COUNTY OF _____

On this the _____day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to the within and acknowledged that she/he executed the same for the purpose therein contained.
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

_____
Notary Public
My commission expires: _____

Please list any additional information or instructions on reverse (activity restrictions/Medical restrictions)