

DAY CAMP HEALTH FORM

SUGAR CREEK BIBLE CAMP HEALTH HISTORY 2011				Code No. (office only)	
PLEASE COMPLETE BOTH SIDES- SEE NOTE BOTTOM OF PAGE					
Name (Last, First, MI) (Print Clearly)			Date of Birth		Age
			Sex (Circle One)		
			F M		
Mailing Address			City		State
					Zip

Parent / Guardian	Phone (s)
IF NOT AVAILABLE IN EMERGENCY CONTACT (1)	Phone
IF NOT AVAILABLE IN EMERGENCY CONTACT (1)	Phone

HEALTH HISTORY – CHECK GIVING DATES / PERTINENT INFORMATION

Diabetes	Asthma	Drug Allergies
Heart Conditions	Bee Stings	Outside Allergies
Seizures	Chicken Pox	Food Allergies
Fainting Spells	Measles	Behavior
Fractures/Dislocations	Mumps	Sleep
Ear Infections	Rheumatic Fever	Other

Operations / Serious Injuries (Include Dates)

Chronic / Recurring Illnesses (Include Dates)

Other Information / Details from Above

IMMUNIZATION RECORD-CHECK GIVING DATES

DPT	Polio	Tetanus (last one)	Hepatitis B
Small Pox	Measles	Mumps	Rubella
TB (Pos / Neg)	Lyme (Pos / Neg)	Influenza	Other

Restrictions

Medication	Medication
Medication	Medication

Please turn page over for more information. Don't forget the required signatures doctor & parent.

Dear Parent/Guardian:

This health form is required by the state of Wisconsin and **must** be a part of our registration **before** your child attends camp. Please carefully complete all blanks on this form and return it to your congregation's Day Camp Coordinator by the requested due date. If your child has special needs or circumstances, please ask your

PHYSICIAN'S INFORMATION	
Name	Clinic
Address	Phone number/extension
INSURANCE INFORMATION	
Company Name	Card Holder's Name
Address	Phone
Group Number	ID Number
Please return this health form to your church's Day Camp Coordinator.	

Parent / Guardian Authorization: This health form is correct as far as I know, and the person herein described has permission to engage in all activities, except those noted on this form. In the event of an emergency, and I cannot be reached, I give permission to the physician selected by the camp to give necessary medical treatment to the person listed above. I also give Sugar Creek Bible Camp permission to use any photograph or video of my child taken at camp in future promotions and publications of Sugar Creek Bible Camp. *(If you do not want your child's photo taken, please staple an additional note.)*

Signature: _____ **Date:** _____



Field Trip Permission Slip

(Complete this portion if you child will be participating in any field trips away from the main day camp site.)

My Child, _____, has my permission to participate and be transported in any field trips taken during the Sugar Creek Bible Camp Day Camp sponsored by our church.

Parent/guardian's printed name: _____

Parent/Guardian signature: _____ Date _____

Dates of Day Camp _____ Church _____