

# Health Form

Since there is no required examination, it is important that the parents/guardians fill this form out carefully and completely.

Camper Name \_\_\_\_\_ Social Security # (for hospital use only) \_\_\_\_\_

Camper's Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Dakotas United Methodist Camps provide a **secondary medical insurance policy** for all campers.

## Health History

Please indicate which of the following conditions the camper has/had. Give approximate dates, if appropriate.

<u>Allergies</u>	<u>Medical Conditions</u>	<u>Operations/Serious Injuries</u>
Ivy/Oak Poisoning _____	Ear Infections _____	_____
Insect Stings _____	Seizures _____	<u>Chronic/Recurring Illness</u>
Treatment _____	Diabetes _____	_____
Medication _____	Irregularity _____	Tetanus
Foods _____	Fainting _____	Date of Last Booster _____
_____	Asthma _____	_____

Please note any other conditions or special diet the camp staff should be aware of. Attach an extra sheet if necessary.

\_\_\_\_\_

**IMPORTANT:** Please notify the camp if this camper has been exposed to any communicable disease during the three weeks prior to camp attendance.

## Other Information

Do you give permission for your child to take over-the-counter medication, if necessary? \_\_\_\_\_  
(ie: for headache, constipation or upset stomach.)

Are there any activities which need to be monitored/avoided? \_\_\_\_\_

Are there any routine treatments or medications required during camp? Please explain: \_\_\_\_\_

\_\_\_\_\_

Does the staff need to remind the camper of his/her treatment? \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**Payment Information:** A \$30 non-refundable deposit is required with your registration.  
This is applied to your camp registration.  
Make checks payable to "Dakotas United Methodist Camps".

\$ _____	\$ _____	<input type="checkbox"/>	<b>Yes, I wish to ride the Conference Bus</b> (Not offered for every camp)
Amount to be paid by Church	Church Payment enclosed		
I will board the bus at _____			
\$ _____	\$ _____	Bus payment enclosed: \$ _____	
Amount to be paid by Camper	Camper payment enclosed		

### We accept **ONLY** Mastercard or Visa Payments

Amount to be applied to your credit card \$ \_\_\_\_\_  Mastercard  Visa

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## OFFICE USE ONLY

\_\_\_\_\_

Date Registered

\_\_\_\_\_

Camp #

\_\_\_\_\_

Amount Enclosed

\_\_\_\_\_

Confirmation Sent

\_\_\_\_\_

Welcome Letter Sent

**Please complete other side of this form.**