

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"/>	Yes, I wish to ride the Conference Bus (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