

HEALTH RECORD- Camp Kulaqua 2013

Please print clearly.

| | |
|-------------------------------|---|
| Student Name: | |
| Address: | |
| Birth Date: | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| 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: | | |
| <input type="checkbox"/> I release the nurse of liability and responsibility to administer my student's medication as listed | | |
| <input type="checkbox"/> I want the nurse to administer my students medication as indicated above | | |

Insurance Information:

Company Name: _____ Policy# _____ Phone Number: _____

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

I, _____ hereby give my consent to Southland Student Conferences to take my child, _____ to the nearest hospital during the conference July 15-19, 2013 and hereby release Southland Student Conferences and Camp Kulaqua from 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 FLORIDA 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: _____

Any additional Instruction from parents print on back (activity restrictions/Medical restrictions)