

Campers' Health Report

NAME: _____

Health problems/activity restrictions: _____

Drug allergies/allergic restrictions: _____

Dietary restrictions _____

Medications (must be sent in the prescription bottle with label)

May Tylenol, Benadryl, Sudafed, Robitussin PM, Dimetapp, cough drops or Pepto Bismol be administered to your camper?
_____yes _____no

Approx. date of last Tetanus shot _____

Medical Insurance Co. _____

Policy # _____

Doctor's name _____

Emergency Contact (other than Parent/Guardian)

Relationship _____

Phone # _____

Sunrise Church must be notified of campers that have been exposed to any communicable diseases prior to camp.

Parents/guardian, please read, sign & date the following:

I release Sunrise Church, it's agents, employees, and volunteer assistants from any liability whatsoever arising out of an injury or loss which may be sustained by said person during the course of involvement with Sunrise Church. I give permission for said person to participate in Sunrise Church programs and activities. In the event of accident, I give Sunrise Church/Verdugo Pines staff and/or volunteer assistants permission to order x-rays, routine tests; treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above. The completed forms may be photocopied for trips out of camp. I relieve Sunrise Church/Verdugo Pines Camp of liability in such an event.

I give permission to photograph, videotape, and audiotape my child while at camp for future promotional material without expectation of compensation.

Parent/Guardian signature _____

Date _____

Relationship _____

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