

# West Michigan Conference **HEALTH RECORD** The United Methodist Church

*Please send this completed Health Record to the Camp Dean before camp.*

Dear Parent/Guardian:

The following information is required to meet the physical, intellectual, and emotional needs of the camper. **No camper will be admitted to camp without this form.** Fill out the information requested. (Use back of this form if necessary.)

				Male	Female		
Camper's name (last)	First	Middle				Date of Birth	
Address (Number and Street)		City and State		Zip	( )		
					Phone (home)		
Parent/Guardian's Name (Last)		First	Middle	( )			
				Phone (work)			
Address (Number and Street)		City and State		zip	( )		
				Phone (emergency)			
Camper's Social Security number _____ - _____ - _____							
Family Health Insurance Co. _____				Contract # _____	Plan Code _____	Group # _____	
(Attach a photocopy of Insurance Card)							

ATTACH PHOTOCOPY OF INSURANCE CARD

IN AN EMERGENCY I grant permission to West Michigan Conference U.M. Camps to secure emergency medical or surgical treatment and routine, nonsurgical medical care for the person named on this form while at camp. I certify the information on this form is correct to the best of my knowledge.

I agree to abide by the rules of the camp and will endeavor to be a responsible and willing participant in the activities of the camp throughout the entire week. Failure to do so could mean expulsion from camp and forfeiting all fees. Further, I give my permission for photographs of me (my child) to be used for publicity of West Michigan Camp Ministries.

Parent/Guardian signature: \_\_\_\_\_

Camper signature: \_\_\_\_\_

Check the following: (Explain problem areas identified below on the back of this form)

Is your child having any of the problems listed below?	YES	NO		YES	NO
1. Hay fever, asthma, wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	6. Trouble passing urine or bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>
2. Eczema or frequent skin rashes?	<input type="checkbox"/>	<input type="checkbox"/>	7. Shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
3. Convulsions/seizures?	<input type="checkbox"/>	<input type="checkbox"/>	8. Menstrual problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>	9. Dental problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Frequent colds, sore throats, ear aches?	<input type="checkbox"/>	<input type="checkbox"/>	10. Other?	<input type="checkbox"/>	<input type="checkbox"/>

Has girl been told about menstruation?  Yes  No      Has girl menstruated?  Yes  No

Operations or injuries: \_\_\_\_\_

List emotional or behavioral symptoms (use back of sheet if necessary): \_\_\_\_\_

Does the camper have a communicable disease? \_\_\_\_\_

MEDICATIONS needed or used: (including Psychiatric, Attention Deficit Disorder [ADD], Attention Deficit Hyperactivity Disorder [ADHD])

Kind	Frequency	Dosage	To be taken during camp? Yes No	
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

List special conditions to watch for such as ALLERGY (reactions to food, penicillin, other drugs), bed wetting, fainting, sleepwalking, etc.

Are the camper's immunizations up-to-date?  Yes  No      Please itemize below.

IMMUNIZATION:	POLIO	MUMPS	DIPHTHERIA	TETANUS	PERTUSSIS	MEASLES	RUBELLA	HEP B	OTHER
Date first completed:									
Most recent booster:									

Should the child's activity be restricted because of any physical defect or illness?  Yes  No. If yes, explain degree of restriction on back of sheet.

**OVER**

## ADDITIONAL MEDICAL INFORMATION

(A physical examination by a physician is **not required**. If the camper has had a physical within the past 12 months, you may attach a copy to this form.)

**Use this area for additional information from the front of this form:**

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**CONFIDENTIAL GUIDANCE FOR CAMP STAFF:** Please write below anything that might help the camp staff—such as a change in the family (new baby, death, re-marriage or divorce, re-location of the family, illness, etc.) or anything you feel is affecting your child either positively or negatively. Include how you feel your child is affected in his/her relationship with others. The more we know about campers, the more helpful we can be.