

Note: If there is a person who is not authorized to have contact with your child, please provide the camp director with documentation concerning this matter.

CAMP MARSHALL HEALTH HISTORY

(PLEASE PRINT AND COMPLETE BOTH PAGES)

Allergies: _____

Family doctor: _____ Phone: _____

Insurance company: _____ Group number: _____

Current medications (prescribed or over-the-counter): _____

Any current or past health conditions we should be aware of?

Date of last Tetanus injection or booster

Other immunizations your child has had

Special dietary needs?

Anything else about this child's health history you would like us to know?

Optional: Has, or is, your child receiving counseling, and for what reasons?

What can we do to continue to promote healing for your child?

Behavior: I realize that Camp Marshall is an experience of living in Christian community. Out of respect for myself and other campers I give my word to live by these non-negotiable norms. I realize that if I choose not to live by these norms, I risk being sent home at my parents' expense.

1. No illegal drugs, tobacco products or alcohol, firearms, weapons, or fireworks.
2. No girls in the boys' area or boys in the girls' area after hours.
3. Stay on camp property (unless with a supervised activity).
4. No sex.

Youth Signature Date

Parent or Guardian Signature

Date

Optional (For campers participating in resident camps at Camp Marshall):

To be completed by a licensed medical person (physician, physician assistant, or nurse practitioner)

_____ had a health examination within the past 24 months.

Camper's Name

Any physical condition requiring restriction(s) on participation in the camp program and a description of that restriction(s):

Date of health examination: _____

Current or on-going treatments or medications:

Recommend participation in Camp: Yes No

Printed Name of licensed medical person:

Address (Street/PO Box, City, State, ZIP):

Phone (including area code): _____

Date: _____

Signature of licensed medical person _____