Kidder Creek Camps **Camper Health Form (Age 17 & Under)** Mail this form. Do not Fax.

Personal Information

Camper's Last Name (Printed)			Camper's First Name (Printed)		M.I.
Street Address			Date of Birth (Month, Day, Year)		Age
					Gender
City	State	Zip	Height	Weight (lbs.)	☐ Male ☐ Female

Immunization Records

If there are any religious or personal objections that do not allow your child to receive immunizations, you must sign the written statement below that you object to immunization, but certify that your child is in good health.

I have religious/personal objections, and my child is in good health. ____________________ Signature ________ Date

Indicate date of all immunizations. Our medical providers require an accurate record of current immunization status.

Tetanus/Diphtheria DPT/TD	1	2	3	4	5	6
Polio OPV/PV	1	2	3	4	5	6
Measles/Mumps/Rubella MMR	1	2				
Hepatitis B (Not required) HBV	1	2	3			

Health History

Check if these apply to your child (you, if an adult). If necessary, attach an additional page to describe health history in detail.

Allergies:
- ☐ No known drug allergy
- ☐ Aspirin
- ☐ Penicillin
- ☐ Ibuprofen
- ☐ Acetaminophen
- ☐ Nuts—List:____________
- ☐ Bee/Wasp
- ☐ List other medication allergies
- ☐ Food Allergies (List, describe)

Reaction to Allergen:
- ☐ Rash
- ☐ Local Swelling
- ☐ Breathing Problem
- ☐ Anaphylactic Collapse
- ☐ Other_______________

Conditions:
- ☐ Diabetes
- ☐ Asthma
- ☐ ADD or ADHD
- ☐ Seizures
- ☐ Bed Wetting
- ☐ Counseling or therapy—Describe (e.g., depression, grief, eating disorder etc.)____________
- ☐ Other conditions/Special health needs/Physical limitations:
- ☐ Behavior—Describe (e.g., sleepwalking, night terrors, etc.)
- ☐ List operations or injuries (include dates)____________
- ☐ Recent exposure to contagious/infectious diseases:____________

List current Medications: (Dosages not necessary.) Medications must be brought to camp in original prescription container.

Insurance Information

In the event of illness, parents/adults of campers are completely responsible for any necessary treatment costs incurred. In case of accident or injury, Kidder Creek holds limited secondary coverage status. Our insurance begins where yours ends. Please attach a copy of both sides of your insurance card or complete the information below. A copy of your card is preferred as it expedites our access to the most cost effective medical services when needed. Please mark "none" if your child/you is(are) not covered by health insurance. ☐ None

Carrier or plan name	Carrier address	Policy holder ID#	Name of policy holder
Group policy number		Carrier telephone number	Relationship to camper

Emergency Contact Information

Parent/Guardian/Next of Kin name	Parent/Guardian/Next of Kin home phone	Parent/Guardian/Next of Kin work phone	Parent/Guardian/Next of kin cell/pager
Family physician name	Family physician phone		
Emergency contact name (if Parent /Next of Kin cannot be reached)	Emergency contact phone	Relationship to camper	

I hereby certify that the above health record is, as of this date, accurate and complete.

____________________ Parent/Guardian or Adult Signature ________ Date

Please Complete:

Last Name____________

First Name____________

Camp: ☐ Ranch Camp ☐ Timberline ☐ Wilderness/White Water ☐ Adult Camp ☐ Guest Group, Church/Group Name____________

Age Group: ☐ Primary ☐ Juniors ☐ Jr. High ☐ High School ☐ Adult

Week/Camp Designation, (i.e. RC-2)____________