

Wisconsin Christian Youth Camp

Confidential Health Form & Medical Release (revised 6/2017)

This Health Form / Medical Release should be filled out and signed by the parent/guardian of anyone under 18 years old. Those 18 and older may complete and sign their own form. State law requires a current health form / medical release to be on file for every individual attending camp. **A new form must be completed each year.**

Camper / Staff Member (Circle One)

Name:	Birthdate:	Age:	Gender:
Parents/Guardians (for minors):	Home Ph: ()		
Home Address:	Work Ph: ()		
City / State / Zip:	Mobile Ph: ()		
Emergency Contact:	Home Ph: ()	Work Ph: ()	

Health & Insurance Information

Physician Name:	Physician Ph: ()
Insurance Carrier:	Policy/Group #:
Insurance Carrier Ph: ()	Does your carrier require prior notification? (circle): No / Yes

Date of last Tetanus Booster: _____ Dietary restrictions: Dairy Meat Eggs Other: _____

LIST ALL ALLERGIES: _____

List all medications and dosages (Must be in original container with current dosing)

Medication	Dosage	Frequency	Medication	Dosage	Frequency

(circle one)	(circle one)	(circle one)
ADD/ADHD NO / YES	Developmental delays NO / YES	Heart problems NO / YES
Asthma/Inhaler NO / YES	Diabetes NO / YES	Menstrual problems NO / YES
Back pain/injury NO / YES	Ear infections NO / YES	Physical limitations NO / YES
Bedwetting NO / YES	Eating disorder NO / YES	Psychological/Behavioral NO / YES
Bleeding disorder NO / YES	Epilepsy NO / YES	Seizures NO / YES
Concussion NO / YES	Headaches/Migraines NO / YES	Uses eyeglasses/contacts NO / YES
Depression NO / YES	Hospitalization NO / YES	Other NO / YES

Explain any "YES" answers from above: _____

(You may write on the back of this form if any additional health information is needed.)

1. I give permission to Wisconsin Christian Youth Camp (WCYC) to provide ongoing health care. In the event that I cannot be reached in an emergency, I give permission to the physician selected by camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia for the person named above. This form may be photocopied for use out of camp.
2. WCYC carries insurance for each camper. In the event a camper requires treat of a pre-existing problem or intentional self-inflicted injury. The bill will be sent to parents as these are not covered by WCYC.
3. I realize that many of the activities at WCYC are potentially dangerous and will allow my child to participate in them knowing of this danger. I will accept personal responsibility for any and all injuries incurred by my child or myself while at camp.
4. To be in compliance with HIPAA privacy regulations, I authorize release of protected health information (diagnosis and treatment) to any WCYC staff member in need of this information to care for my child's ongoing health needs while at camp.
5. I give WCYC the authorization to use the image of my child or myself for promotional purposes.

Signature of parent/guardian for minors (adults signature for self)	Date	Dates attending camp
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