

**2019 Girls Week Medical Form**

**Camper Name** \_\_\_\_\_

Camper Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Church \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Number \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy number \_\_\_\_\_

Current medications \_\_\_\_\_

\_\_\_\_\_

Are medications to be administered at Truett? Yes \_\_\_ No \_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ AM \_\_\_ PM \_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ AM \_\_\_ PM \_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ AM \_\_\_ PM \_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ AM \_\_\_ PM \_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ AM \_\_\_ PM \_\_\_

Doctor \_\_\_\_\_ Are camper immunizations current? Yes \_\_\_ No \_\_\_

Allergies Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_

Food allergies \_\_\_\_\_

Any Restrictions \_\_\_\_\_

Date of last tetanus \_\_\_\_\_

Please circle the following: Permission to ride zip-line? Yes No

Permission to be photographed? Yes No

**Please bring this form to camp on registration day. DO NOT MAIL**

*I authorize TBC staff to take medical action as necessary (Tylenol, Benadryl, etc). Parents will be notified ASAP should an actual emergency occur where the camper needs medical attention.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_