

# 2015 Multi-County 4-H Camp Health Form

(To be completed by Parent/Guardian of Camper)

Camper: \_\_\_\_\_ County: \_\_\_\_\_

If parent is unavailable in an emergency, please contact:

_____	_____	_____
Name	Telephone Number	Relationship

[Please don't leave blank. Indicate "NA" if Not Applicable]

Any chronic or recurring illness, and treatment, or other condition which may need to be addressed while at camp:

Dietary modifications and current medication (*List allergies - e.g. bees, etc*):

Specific activities to be restricted are:

Name of family physician:

Phone:

Please check the appropriate box below:

The Camp Nurse  does /  does not have permission to administer non-aspirin pain reliever and/or allergy medicine to my child.

This health history is correct so far as I know and the camper herein described has permission to engage in all camp activities except as noted above. I hereby give permission to the physician selected by the 4-H Camp to order x-rays, routine tests and treatment for the health of my child and, in the event I cannot be reached in an emergency, to secure proper treatment such as hospitalization, injection, and/or surgery.

I have read and understand the 4-H Camp Rules on the application and agree to provide transportation for my child from camp if discipline requires my child to be sent home early.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Note to Parent/Guardian:** On the day of camp check-in please visit the nurse for a simple health screening. At this time you may talk to the camp nurse about medications, allergies and other important information about your youth.