

Health Form

Student's Name _____

Parent/Guardian _____

Day Phone _____ Cell Phone _____

In case of emergency:
Alternate Contact _____ Phone _____

ALLERGIC REACTIONS

[] Foods _____

[] Other _____

CHECK ALL APPROPRIATE BOXES

[] Seizure disorder [] Asthma [] Diabetes

[] Recent injury, illness, or infectious disease? (last 6 months)

If yes, please explain _____

STUDENT LIMITATIONS

Use this space to provide any additional information about the student's behavior and physical, emotional, or mental health you deem important to inform the camp staff (including learning disabilities).

PRESCRIPTION DRUGS

If your child requires any routine medications or inhaler during camp, please bring it in its ORIGINAL, labeled container and give it to the nurse.

- My child, will need to be given _____ at _____ while at camp.
- Special instructions: _____

I give permission for my child to receive the following medications, if deemed appropriate by the nurse while at camp. (check all that apply)

___ Acetaminophen (Tylenol) ___ Ibuprofen ___ Benadryl ___ Antacid ___ Cough drop
___ Antibiotic ointment ___ Anti-itch Cream

Date _____ Signature of Parent/Legal Guardian _____

IMAGE RELEASE AUTHORIZATION

I understand that my child may be videotaped or photographed as part of the kpac daily camp activities. I hereby grant permission for these images to be used exclusively in materials developed for kpac promotional purposes by Country & Town Baptist Church

Student 1 name _____

Student 2 name _____

Student 3 name _____

Parent or Guardian Signature _____