

2020 Camp Ichthus Registration/Permission/Medical Form

Camper's Name _____ Birth Date _____

Grade Completed by 06/20 _____

Address _____ City _____ State ____ Zip _____

Mother's Name _____ Contact Phone _____

Father's Name _____ Contact Phone _____

Contact Email Address _____

Camper's Primary Physician & Phone # _____

Church Affiliation _____

Brief Medical Information -

Please write below any allergies or specific medical conditions the camp should know about like food allergies, medications, etc...

Any Restrictions or concerns you might have in your son or daughter's participation during their stay at Camp Ichthus?

ACHES and PAINS

If your son or daughter has a headache or ache or pain, etc... Is it okay for the camp to give your son or daughter a pain reliever? YES or NO

If yes, what kind _____.

If your son or daughter has a minor allergic reaction such as hives, rash or itchy eyes—is it okay for the camp leaders to give your son daughter Benadryl? YES or NO

PERMISSION

If give permission to my son/daughter _____ to participate in all activities of the camp. I understand that campers will be participating in varied activities from Bible study, swimming, and field trips off the campgrounds.

In the case of an emergency, if the leaders are unable to reach me, I give permission to the camp director to seek out the best available medical care possible for my son/daughter.

Signed _____ Relationship _____

Contact Name:

Phone:

Name:

MEDICAL INFORMATION

*****Please include a copy of the front and back of your child's insurance card!**

MEDICAL HISTORY

Surgery or Hospital Stay	Explanation	Dates
Known Allergies	Explain Symptoms	Medication?

Immunizations/Vaccines	Dates
Diphtheria	1.
DPT: Pertusis (Whooping Cough)	2.
Tetanus	3.
TD: Tetanus Diphtherial	
Tetanus	
Oral Polio (Sabin) TOPV	
Injectable Polio (SALK)	
Measles	
Mumps	
Rubella	
TB Test—Most Recent	
Haemophilus b (HIB)	
Hepatitis B	

Other Information? Use the space below.