



Camp of the Cross Ministries 2010 Summer Health Form

1228A 47th - Avenue NW, Garrison, ND 58540 (701) 337-2246

**This form must be returned to the camp no later than two weeks before your session begins.
Please print in black or blue ink.**

Name _____ Birth date ____/____/____ Grade ____ Sex (Circle) Female/Male

Parent's Full Name(s) _____ Family Email _____

Address _____ City _____ State _____ Zip _____

Phone # (Home) _____ Cell Phone _____

Work (Mother) _____ Work (Father) _____

If parental guardians are not available in case of emergency, please notify:

Name _____ Relationship _____ Phone # _____

Allergies

Does your camper have any of the following allergies:

Medication _____

Food _____

Insects _____

Plants _____

Other _____

Swimming Ability

____ Non-swimmer

____ Beginner (avoids deep water)

____ Intermediate (comfortable in deep water)

Health History (If the child has **had** any of the following, please mark with an **X**, and **N** if has **now**.)

____ ADD	____ Anorexia/Bulimia	____ Appendicitis	____ Arthritis
____ Asthma	____ Behavior Challenges	____ Constipation	____ Diarrhea
____ Depression	____ Diabetes	____ Ear infections	____ High blood pressure
____ Eczema	____ Fainting	____ Headaches	____ Hepatitis
____ Nervousness	____ Ulcers	____ Hay fever	____ Sinus infections
____ Bed-wetting	____ Sleep walking	____ Homesickness	____ Menstrual cramps
____ Chicken Pox	____ Measles	____ German measles	____ Mumps
____ Rheumatic fever	____ Bleeding/clotting disorders	____ Heart problems (Please describe) _____	
____ Seizures (Please describe) _____			

Other illness or needs that may affect camp life _____

Surgeries or serious illness and dates _____

Dietary concerns or restrictions _____

Physical activity restrictions _____

Females: Has this person menstruated? **YES NO** If no, has it been discussed? **YES NO**

Medications:

May over-the-counter medications be administered if needed (i.e. Tylenol or Tums)? YES NO

Please list any medications, including dosage and directions. _____

Health Insurance Policy # _____ Child's Physician _____ Clinic _____

Over Please

Immunizations - The following information is mandatory. Do not use "current" or "up-to-date."

Required Vaccines

Vaccine Type	Enter Month/Year for Each Immunization Given				
	1 st	2 nd	3 rd	4 th	5 th
DtaP/DTP/DT (Diphtheria-Tetanus-Pertussis)					
Hib (Haemophilus influenza type b)					
IPV/OPV (Polio)					
MMR (Measles - Mumps - Rubella)					
Td booster (Tetanus - Diphtheria)					

Recommended Vaccines – Not Required

Varicella (Chicken pox)					
Hepatitis B					

Vaccine Type	Minimum Number of Doses Required Per Grade		
	Grades K - 6	Grades 7 - 12	College
DtaP/DTP/DT (Diphtheria-Tetanus-Pertussis)	4 or more (due at 2, 4, 12 to 15 months & 4 – 6 years.)	4 or more - Booster needed every 5-10 years after last DtaP/DT shot.	4 or more - Booster needed every 5-10 years after last DtaP/DT shot
Hib (Haemophilus influenza type b)	3 (due at 2, 4, & 6 months) or 1 dose if given at 15 mo or older.	Children 5 years & older are exempt from the Hib requirement.	Children 5 years & older are exempt from the Hib requirement
IPV/OPV	4 (due at 2, 4, 12 to 15 months, and 4 to 6 years.)	4	4
MMR (Measles-Mumps-Rubella)	2 (due at 12 to 15 months and 4 to 6 years)	2	2
Hepatitis B	Optional (3 doses given at birth, 2 and 6 months)	Optional	Optional
Varicella (Chicken pox)	Optional (1 dose given at 12 to 18 months.)	Optional	Optional

My child has permission to participate in all aspects of the program at Camp of the Cross Ministries except as noted. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the Camp director to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray, or surgery for my child as named above; and to arrange for or provide necessary related transportation. I understand that my insurance has primary coverage and Camp of the Cross Ministries insurance is secondary. I give my approval to photocopy this form for use out of camp. I also give permission for pictures or video taken of my child to be used for promotion.

Parent or Guardian Signature _____ Date _____

