

Don't forget to fill out and include your registration form!

Flint Hills Christian Camp

Camper Medical Information

Please provide the following medical information. If additional information would be helpful, write this information on a separate sheet of paper and attach it to this form.

Camper's Name: _____

Describe any health reasons for limiting the child's camp activities: _____

Describe any allergies your child might have (include medication): _____

Does your child take any prescription medication? Yes No

If yes, please explain: _____

All medication will be kept by the Camp Staff

Can the child administer his or her own medication? Yes No

If necessary, do we have your permission to administer Tylenol? Yes No

Date of your child's last Tetanus vaccination? _____

In case of an emergency who should we contact?

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Doctor Information

Name: _____ Phone: _____

Address: _____

For your child to attend camp **we must have a copy of your medical insurance card** and the following information:

Insurance Company: _____

Address: _____

Insured's Name: _____

Group # _____ Identification # _____

Prescription Card Number: _____

I give permission to Flint Hills Camp Staff to authorize medical assistance by a qualified person in case of a medical emergency and I cannot be reached. I understand that unless the situation is life-threatening and needs immediate intervention, there will be an effort to contact me before any medical decisions are made.

Date: _____ Signed: _____ (Parent or Guardian)

Did you remember to fill out and include your registration form?