

# Health Form

Student's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Day Phone \_\_\_\_\_ Mobile 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 (include learning disabilities).

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## PRESCRIPTION DRUGS

Please contact the Local Church Director for instructions regarding any and all medication.

\_\_\_\_\_  
Date

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



Please return this form to the  
**LOCAL CHURCH DIRECTOR**