

IMMUNIZATIONS (Month/Year) COMPLETION IS MANDATORY! DO NOT use "current or up-to-date."

DPT/DtaP/DT/Td	1	2	3	4	5	6
OPV/IPV	1	2	3	4		
MMR	1	2				
Varicella (Chicken pox)	1	2	Date of Disease:			
Hepatitis B (HBV)	1	2	3			
Hib	1	2	3	4		
Other:						

DPT/DtaP/DT/Td (Diphtheria, Tetanus, Pertussis) – due at 2 months, 4 months, 6 months, 12-15 months, and 4-6 years old; Pertussis portion of vaccine not given to older children; after last DtaP/DT shot, BOOSTER IS NEEDED EVERY 7-10 YEARS

OPV/IPV (Polio) – due at 2 months, 4 months, 12-15 months, and 4-6 years old

MMR – due at 12-15 months and 4-6 years old. Some older campers will not have 2nd dose (needed before college).

Varicella – optional vaccine for children without history of chicken pox; one or two doses

Hepatitis B – not required, but strongly recommended for children born after 10/1/92

Hib – vaccine not given to children above age 5 (vaccine for Haemophilus b causes meningitis in children)

FAMILY MEDICAL/HOSPITAL INSURANCE INFORMATION

Insurance Carrier _____ Name of Insured _____

Group Policy Number _____ Insured's Policy Number _____

PARENTAL GUARDIAN'S SIGNATURE TO THE FOLLOWING IS REQUIRED

I attest that the health history and medical information are correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities, except as noted by me. I agree that Metigoshe Ministries (Camp Metigoshe), Trinity Youth Camp, and/or their personnel will not be held responsible for accidents or personal injury arising therefrom.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order X-rays, perform routine tests, and treat my child; and in the event I cannot be reached in an emergency, I hereby give permission to the physical selected by the camp director to hospitalize, secure proper treatment, and order injection and/or anesthesia and/or surgery for my child named herein. I give my approval to photocopy this form for use out of camp.

PLEASE TO NOT MAIL OR BRING TO CAMP EARLY, PRESENT AT TIME OF FINAL REGISTRATION

PARENTAL GUARDIAN SIGNATURE _____ **DATE** _____

PARENT'S PERMISSION TO RELEASE

(if applicable)

It is the policy of Metigoshe Ministries (Camp Metigoshe) and Trinity to not release any minor camper into the custody of anyone other than the camper's legal parent(s) or guardian(s) unless written consent is given by such parent or guardian. Therefore, **IF** your child is to be released to a person(s) who is **NOT** his/her legal guardian, please complete the following:

Please release my child _____

(print Camper's Name)

into the custody of _____

(print Name of Person who is **not** the legal parent or guardian)

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SIGNATURE OF LEGAL GUARDIAN _____ **DATE** _____

**TRINITY YOUTH CAMP
HEALTH HISTORY AND MEDICAL INFORMATION**

For camp office only:

Camp session (date) _____ Counselor _____ Cabin _____

GENERAL INFORMATION

Camper's Name _____ Gender _____ Birthdate _____ Age _____

Parent(s) guardian(s) _____ Home Phone _____

Cell Phone _____ E-Mail Address _____

Mailing Address _____ City _____ State _____ Zip _____

Work telephone numbers (if applicable) of Mother _____ of Father _____

Family physician's name _____ Telephone _____

Affiliated clinic/ town of family physician _____ Telephone _____

IF PARENT/GUARDIAN IS NOT AVAILABLE IN CASE OF EMERGENCY, NOTIFY:

Name(s) _____ Telephone(s) _____

HEALTH HISTORY/MEDICAL INFORMATION (CHECK ALL THAT ARE PAST PERSISTENT HEALTH PROBLEMS OR CURRENT CHRONIC CONDITIONS)

ADD _____ Anorexia/Bulimia _____ Appendicitis _____ Arthritis _____ Asthma _____ Bedwetting _____

Behavior Challenges _____ Chicken Pox _____ Constipation _____ Convulsions/Seizures _____ (circle one)

Depression _____ Diabetes _____ Diarrhea _____ Ear infections _____ Eczema _____ Epilepsy _____

Fainting spells _____ German Measles _____ Hay fever _____ Headaches _____ Heart trouble _____

Hepatitis and/or known carrier _____ Homesickness _____ Hypertension _____ Measles _____ Menstrual cramps _____

Mumps _____ Nervousness _____ Nosebleeds _____ Poison Ivy/Oak/Sumac _____ Rheumatic Fever _____

Sinus trouble _____ Sleep walking _____ Ulcers _____ Other illnesses-chronic or recurring _____

Surgeries or serious injuries and dates _____

ALLERGIES: Foods _____ Medications _____ Insects _____

Other _____ Dietary concerns/restrictions _____

MEDICATIONS – All medication will be administered by camp staff except inhalers. They will be self-administered by camper. All prescription medication must be appropriately labeled. Please list any routine daily medications including dosage and directions. _____

The camp has a supply of Tylenol, cough medicine, decongestants, antacids, and first – aid ointments which will be used as indicated following label instructions so campers do not need to bring their own. Please state any concerns or give instructions regarding use of over-the-counter medication:

Physical activities to be encouraged/restricted _____