
West Side Day Camp Health History and Emergency Authorization Form

Please fill out this form as completely as possible. The more information we have in the case of an emergency, the better and faster care we can provide. This form will remain in effect until July 1, 2018. If there are any changes in the health of the individual named, the parents or guardians should update this health history. Thank you!

Name _____ Birth Date _____ Age _____ Sex _____
 First Middle Last

Parent(s)/Guardian(s) _____ Phone # _____ Work # _____

Home Address _____ City _____ State _____

Emergency Contact (if parents aren't available): _____ Phone # _____

Health History: (check appropriate lines with approximate dates if available.)

_____ Frequent Ear Infections	_____ Diabetes	Allergies:
_____ Heart Defect/Disease	_____ Mononucleosis	_____ Hay Fever
_____ Convulsions	_____ Chicken Pox	_____ Insect Stings
_____ Psychiatric Treatment	_____ Measles	_____ Penicillin
_____ Bleeding/Clotting Disorder	_____ German Measles	_____ Other Drugs
_____ Hypertension	_____ Mumps	_____ Foods (please list)
_____ Rheumatic Fever	_____ Epilepsy	_____ Animals (please list)
_____ Nervousness	_____ Sinus Trouble	_____ Other (please list)
_____ Bronchitis	_____ Asthma	_____ Use an EpiPen?

Please list any operations/serious injuries (approximate dates): _____

Please list any chronic or recurring illnesses: _____

Please list any medications this person is currently taking: _____

Family Physician: _____ Phone # _____

Date of last examination: _____ Date of last Tetanus shot or booster: _____

Family Dentist/Orthodontist: _____ Phone # _____

Do you carry family medical/hospital insurance? _____ If so, please indicate:

Carrier: _____ Policy # _____

To my knowledge, this health history is correct, and I, the undersigned parent or guardian of the person named above, do hereby authorize the Summer Boost Camp staff or their representatives, as agents for me, to consent to any X-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the supervision of any licensed physician. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care which in the exercise of said physician's best judgement is advisable. In consideration of the opportunity to have the above-named minor participate in any program or activity, I, the undersigned, hereby knowingly, freely, and voluntarily waive any rights or cause of action of any liability may or could accrue to the Summer Boost Camp program, Rockford Area Lutheran Ministries, Lutheran Church of the Good Shepherd, United Lutheran Church, Third Presbyterian Church, or their Pastors or their agents or representatives. I further agree to hold said person(s) harmless from any such claim by said minor.

Signature of Parent or Guardian _____ Date _____

I further give consent to the occasional taking of photographs of my child for the purpose of making a Day Camp slideshow, or for use in promoting the West Side Day Camp.

Signature of Parent or Guardian _____ Date _____

Return to Third Presbyterian Church, 1221 Custer Ave, Rockford, IL 61103 · (815) 962-7889