



CEF
 CHILD EVANGELISM
 FELLOWSHIP®
 Since 1937 Reaching children worldwide®

Camper Medical Form For Camp Good News

Child's Name _____

Date of birth _____ Sex _____ Weight _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

In case of emergency, notify:

1 – Name _____ Phone _____

Relationship to camper _____

2- Name _____ Phone _____

Relationship to camper _____

Family Doctor: _____ Phone _____

Do you carry medical/hospital insurance? Yes No

If so, please indicate: Carrier _____ Policy # _____

Does your child suffer from or have they ever had (check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fainting	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Reaction to Bee Stings	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Severe Infections	<input type="checkbox"/> Cardiac Arrhythmia
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Urinary Tract Infection	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Anxiety/ Depression

Are immunizations Current? Yes No Date of last Tetanus Shot _____

Is your child currently under the care of a physician? Yes No If so, please explain:

CURRENT MEDICATIONS: (Please list name of medication, what it is prescribed for, and amount and time to be given)

Allergies:

Food Allergies: (Please List)

Medication Allergies: (Please List)

Environmental Allergies: (Please List) (insects, latex, pollen, etc.)

Please List any restricted activities: _____

Please indicate anything else the counselor/staff might need to be aware of: (bed wetting, sleep walking, learning disabilities, etc.)

I hereby give my permission for _____ to participate in Camp Good News sponsored by Child Evangelism Fellowship. I assure the leadership that he/she is in good health and able to participate.

I hereby give my permission to CEF camp staff to supervise on-site first aid for minor injuries and administer over the counter medication as necessary. In the event of injury or illness requiring medical diagnosis or treatment, I hereby give my consent to CEF camp staff to secure the proper medical care; including but not limited to transportation and hospitalization, if necessary.

Signature of Parent/Guardian: _____ Date _____