

# Camp Health Form

Name of student: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_

Sex: M F

Parent(s) or Guardian(s): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Church: \_\_\_\_\_

Church/Youth Pastor: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

List any health problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drug Allergies: \_\_\_\_\_  
\_\_\_\_\_

Food Allergies: \_\_\_\_\_  
\_\_\_\_\_

Activity Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Regular Medications: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I, \_\_\_\_\_ do hereby release Church of the Harvest, it's employees and volunteer assistants from any liability whatsoever arising from any injury, damage, or loss which may be sustained by the for-mentioned camper during the involvement with COTHFMC Summer Camp.

My child    **CAN**            **CANNOT**    swim.

I, \_\_\_\_\_ hereby give permission for my child, \_\_\_\_\_ to participate in the follow-

ing activity: transportation to Summer Camp by my church, held at Pilot Lake Wilderness Camp located in Plumas National Forrest, Ca.

If there is any additional information you feel is necessary for us to know please list here:\_\_\_\_\_

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