

# St. Francis of Assisi "Fun in the Sun" Summer Camp

## 2020 Camper Health Information and Profile

We require health information and immunization records for all children attending the "Fun in the Sun" summer camp. Your child will not be admitted to camp without a health form and immunization records on file (physical must be dated after August 25, 2018).

Please complete this entire form and return it to St. Francis prior to the start of camp along with your child(ren's) immunization records and current health form. All information will be held in confidence and will be released only to appropriate individuals.

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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Family Health Professionals:

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Name of family dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

**Medications being taken:**

**Please list all medications taken regularly. *If medications must be taken while at camp, please be sure to sign a medication release form.***

Med #1 \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Med #2 \_\_\_\_\_ Reason for taking: \_\_\_\_\_

**Permission to provide necessary treatment or emergency care:**

**I agree to have my child transported via ambulance and or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child / ward's participation in this program. On the lines below I have listed any medical condition, physical disability, allergy to medicine, etc. which is relevant to rendering medical care to my child if she or he needs emergency medical care:**

Signature of parent / guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

***Continued on back side:***

**Does your child require a special aide or assistance at school or at other organized programs?**

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**Parent Guardian Authorization: This health form is correct and complete as far as I know and the person herein described has permission to engage in all camp activities except as noted.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_