Please include a photocopy of the front and back of your insurance card.

VICTORY VALLEY
CAMP & CHILDREN'S MINISTRY

Camper Health Form

A completed and signed Health Form is required for your child's participation in this program.

Please FULLY and NEATLY complete this form. Remember to sign the Parent's Authorization; unsigned forms will be returned. Mail form to Victory Valley Camp at 7472 Sigmund Rd, Zionsville, PA 18092.

Please include a photocopy of the front and back of your insurance card.

Camper's Name (one child per Health Form): _____

Sex: Male or Female Birth date: _____ Age: _____

Address: _____

City, State, Zip: _____

HEALTH INFORMATION

Medications: Please send all medications in a **current prescription bottle**. *For the safety of all campers,* ***please DO NOT pack medications in camper's luggage as they must be turned into the nurse upon arrival***. Medications should be placed in a zip lock bag labeled with the camper's name, camp attending, type of medication, and directions for dosage.

Family Doctor: _____ Phone #: (_____)_____

Dentist/Ortho.: _____ Phone #: (_____)_____

Does your child have any special needs that we should anticipate? (For example: ADHD, allergies, special diet, physical, mental or behavioral challenges, etc.)
Yes No If so, please describe:

My child may have Tylenol or Ibuprofen - Yes or No

My child's immunizations are up to date - Yes or No

Date of last tetanus: ____/_____/_____

Insurance Provider: _____ Policy: _____

Subscriber's Name: _____ Birth date: ___/____/____ SS#: ____-____-_____

CONTACT INFORMATION

Home #: (_____)_____

Father: _____ Mother: _____

Cell/Pager #: (_____)_____ Cell/Pager #: (_____)_____

Work #: (_____)_____ Work #: (_____)_____

Emergency Contacts if parent is unable to be reached

Name: _____ Name: _____

Relation to Camper: _____ Relation to Camper: _____

Phone #: (_____)_____ Phone #: (_____)_____

Parent's Authorization

To my knowledge, the information on this form is correct and my child has my permission to engage in all camp activities except as noted. In the event that I cannot be reached in an emergency, I give my permission to the medical professionals selected by the Camp Director to hospitalize, secure proper treatment for, and order injections, anesthesia, surgery or other necessary procedures for my child. I understand I am responsible for the cost of any such medical treatment, whether I have insurance coverage on my child or not. I grant permission for camp staff to dispense any prescription medications which I send with my child, as well as over-the-counter medications as needed. I also grant permission for my child's picture to be used in camp promotional materials.

Signature of Parent/Guardian_____ Date_____

Camper: