

WESTMINSTER CAMP AJAWAH HEALTH FORM

The information requested on this form is necessary in the event of emergency or illness for the good health care of any camper – adult or child. Please fill out this form completely and return to:

CAMP AJAWAH OFFICE, WESTMINSTER PRESBYTERIAN CHURCH, 1200 MARQUETTE AVENUE, MINNEAPOLIS, MN 55403-2419

While Minnesota no longer requires a physical examination, the State does say that a physician should sign and document any restrictions placed upon the camper's physical activity.

Camp Session(s): Girls 1 [ ] Girls 2 [ ] Boys 1 [ ] Boys 2 [ ] Day Camp [ ] Camper's SSN # \_\_\_\_\_

Camper's Name \_\_\_\_\_ Male [ ] Female [ ]

Grade completed this June \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

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

Address and Phone Number during camp (if different from above) \_\_\_\_\_

Camper's Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Is the Camper taking any medications? Yes [ ] No [ ] If yes, what for? \_\_\_\_\_ (Please bring any necessary medications and leave them with the nurse)

Name of medicine \_\_\_\_\_ When and how taken \_\_\_\_\_

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Name of medicine \_\_\_\_\_ When and how taken \_\_\_\_\_

Does camper have (please check all that apply):

- Asthma [ ] Diabetes [ ] Allergies [ ] Food Allergies [ ] Allergy to Bee Stings [ ] Bleeding Tendency [ ] Heart Trouble [ ] Fainting Spells [ ] Convulsions [ ] Bed Wetting [ ] Severe Reaction to Poison Ivy [ ] Frequent Ear Infections [ ] Special Dietary Needs\* [ ] Behavior/Emotional Difficulties\* [ ]

Please Describe\* \_\_\_\_\_

Any other continuing current medical problem? Please identify \_\_\_\_\_

Please write the dates of the last immunization protecting against the following:

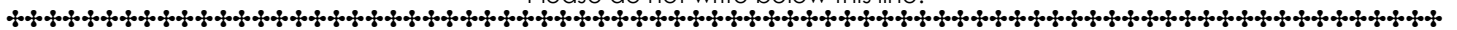
Diphtheria, Pertussis, Tetanus (DPT) \_\_\_\_/\_\_\_\_/\_\_\_\_ Polio (OPV) \_\_\_\_/\_\_\_\_/\_\_\_\_

Measles, Mumps, Rubella (MMR) \_\_\_\_/\_\_\_\_/\_\_\_\_

For female campers: Have menstrual periods started? Yes [ ] No [ ]

If not, does the camper know about menstruation? Yes [ ] No [ ]

Please do not write below this line.



In case of emergency, if parent or guardian cannot be reached, please notify (very important!):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Please provide name and address for medical bills should they be sent to someone **other than** parent or guardian

\_\_\_\_\_

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

ID Number of Primary Insured \_\_\_\_\_ Claims Phone No: \_\_\_\_\_

If covered by **Medicaid**, please provide the 16-digit case no with expiration date: \_\_\_\_\_

If there are any health problems or activity limitations, a physician's examination performed by a licensed physician within one year before admission to the Camp is required by the State of Minnesota. Please include descriptions and instructions relative to the limitations and have the physician sign below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Physical Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

I hereby authorize that medical and/or surgical care may be provided for my child while he/she is in attendance at camp.

Date \_\_\_\_\_ Relationship \_\_\_\_\_ Signature **X** \_\_\_\_\_

**Please Complete, Sign and Date Permission Slip Below**

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**Westminster Camp Ajawah Permission Slip**

**Child's Name** \_\_\_\_\_

Please permit our child to attend camp, which is being sponsored by Westminster Camp Ajawah. We are aware of the non-profit nature of the camp and of the risks inherent in a camping experience. Therefore, we agree that neither Westminster Camp Ajawah, Westminster Presbyterian Church, nor its agents or employees shall be held liable in any way for injury to said child while at camp or while traveling to or from said camp. We hereby release, discharge, and absolve the camp, the church, its agents and employees from any claim which we might have by reason of any damage to property or injury to said child during the period our child is at camp or traveling to or from camp.

We also authorize use of any photos or video of said child to be used for promotional purposes.

Signature of Parent/Guardian **X** \_\_\_\_\_ Print Name \_\_\_\_\_

Address: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

City, State Zip Code: \_\_\_\_\_ Country (if not USA) \_\_\_\_\_