

MEDICAL INFORMATION FORM

Information is for a (please circle only one):		Child/Youth Under 18	Adult (18+ years old)
First Name:	Last Name:	Height:	Weight:

Prescription and non-prescription medications must be kept in the Sabine Creek Health Center for administration in accordance with the physician's prescription and parent's instructions listed on this form. With the exception of asthma inhalers, campers are not allowed to keep or self-administer any medication according to the Texas Department of Health. If your child requires prescription or non-prescription medications while at camp, please complete the medication chart below. List any medical problems, medical alerts, allergies or other pertinent health information.

Insurance Information

Insured Parent/Guardian: _____	
Insurance Provider: _____	Phone #: _____
Policy ID# _____	Group #: _____
Primary Care Physician: _____	Phone #: _____

Please attach a copy of your current insurance ID card.

Medical History

Circle any conditions camp participant has/ had: Diabetes Epilepsy Asthma Heart Thyroid Kidney Other		
Specific Explanation of Condition: _____		
Broken Bones (list bones):	Bleeding Disorders:	Any other condition:
Allergies (any and all): _____		
IMPORTANT: Please check your child for head lice at this time and prior to departure for the camp.		

Medications and Injuries

List any injuries or illnesses the camper is addressing as they begin camp: (i.e. - broken bones, sprains, chronic conditions, etc.)	
List ONLY medications currently being taken by camp participant AND sent with them to camp:	Specific instructions on taking each medication, i.e. how much, how often, certain times, etc.
1.	
2.	
3.	
All medication must be sent in a Ziploc bag with camper name and church clearly marked on it. It must be in the original container. According to Texas law, all medications, prescription and non-prescription, must be held and dispensed by the camp nurse or physician ONLY . The only exception are asthma inhalers or other emergency medicines that need to be carried at all times, but they must be reported and listed here.	

I give my permission for the Health Care Provider to give the over-the-counter medications circled below in accordance with standard label directions: <div style="display: flex; justify-content: space-around; text-align: center;"> Tylenol/Acetaminophen Advil/Ibuprofen Antihistamine Decongestant Cough Medicine </div> These medicines must also be in the original container.	
Signature: _____	Date: _____

