

HEALTH HISTORY CARD

NAME _____ Phone () _____

STREET ADDRESS _____ City _____ Zip _____

Birth date _____ Age _____ ? MALE ? FEMALE

In Emergency Notify: _____ Phone () _____

Alternate Person: _____ Phone () _____

Date of Last Tetnus Shot: _____

Allergies: (Include Penicillin) _____

Special Medication / Diet:(Attach Instructions of MD) _____

Limitations to Activities: _____

Medical Treatment within the Past Year: _____

CHECK IF CONDITION EXISTS Bleeding / Clotting Hypertension Mononucleosis Heart Condition Eye, Ear, Nose, Throat
 Diabetes Asthma Convulsions / Seizures Tuberculosis Athletes Foot Chicken Pox

List Disabilities: _____

Special Needs / Other: _____

PLEASE FILL OUT BOTH SIDES OF THIS HEALTH CARD

CONSENT TO HEALTH CARE & TRANSPORTATION

This health history is correct so far as I know, and the person herein described,

Has permission to engage in all perscribed camp activities except as noted in writing. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director of Southern California Bible Conference, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child in the event I cannot be reached in an emergency. I hereby give permission to the physican selected by the camp director to secure and administer treatment, including hospitalization for the person named above. The completed forms may be photocopied for trips out of camp. I also understand my child's photo may be taken at camp. I authorize Verdugo Pines Bible Camp to use these photos for camper enjoyment or promotional purposes. This authorization shall remain effective unless revoked in writing.

Signature of parent or guardian: _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor or adult camper _____ Date _____