



# Upper Missouri Ministries Health Form

Please print clearly, and use a separate form for each camper. The information requested is to help us provide appropriate care

Camp Attending: \_\_\_\_\_ Dates: \_\_\_\_\_

## Camper Information:

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Attending \_\_\_\_\_ City \_\_\_\_\_

## Parent/Guardian Information: *if under 18*

Parent/Guardian \_\_\_\_\_ Family Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

## Second Parent/Guardian Information:

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

## Emergency Contact: *Someone other than the parents*

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

## Health History:

*If the camper has had any of the following, please mark with an X and an N if he or she has them now.*

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> ADD         | <input type="checkbox"/> Anorexia/Bulimia    | <input type="checkbox"/> High Blood Pressure        | <input type="checkbox"/> Headaches       |
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Behavior Challenges | <input type="checkbox"/> Hepatitis                  | <input type="checkbox"/> hay Fever       |
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Sinus Infections           | <input type="checkbox"/> Ear Infections  |
| <input type="checkbox"/> Eczema      | <input type="checkbox"/> Fainting            | <input type="checkbox"/> Menstrual Cramps           | <input type="checkbox"/> Chicken Pox     |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Ulcers              | <input type="checkbox"/> Appendicitis               | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Sleep Walking       | <input type="checkbox"/> Constipation               | <input type="checkbox"/> Urinary Tract   |
| <input type="checkbox"/> Diarrhea    | <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Infections      |

Seizures (Describe) \_\_\_\_\_

Heart Problems (Describe) \_\_\_\_\_

Other things we should be aware of \_\_\_\_\_

Scheduled Medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

Restriction to Activities \_\_\_\_\_

May take Ibuprofen if needed? YES NO

Any suggestions that may help your camper's week be more comfortable? (fears, anxieties, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

The list provided is a list of required immunizations by the state of ND. Please check all that apply to your child/camper. If there are some that are unable to be marked, we would appreciate your child/camper having these immunizations before they attend UMM for the safety of all campers.

**Dtap/DTP/DT/Tdap**                       **MMR IPV/OPV Polio**                       **Hepatitis A**  
 **Hepatitis B**                                       Varicella Chickenpox                       MCV-4/MPSC-4

The unbolded immunizations are highly recommended, but are not required. If your child/camper does not have these, that is okay.

<b>Insurance Information:</b>	
Insurance Company _____	
Policy Number _____	Policy Holder _____
Family Doctor _____	Phone _____

Please do not release my child/camper to: \_\_\_\_\_

**This health history is correct and complete as far as I know, and my child/camper has permission to participate in ALL aspects of the program at Upper Missouri Ministries except as noted. I understand that every effort will be made to contact me if my child/camper needs emergency treatment. This includes medical or surgical treatment if it is so needed, I hereby give my permission to secure proper treatment, to hospitalize, do routine tests, order injection, anesthesia, x-ray, or surgery: to release any records for insurance purposes: and to provide or arrange related transportation for me/or my child/camper as named above. I understand that my insurance has primary coverage and Upper Missouri Ministries is secondary for injury.**

This complete form may be photocopied for trips out of the camp.  
**I give permission** for any picture taken of my child to be used for promotional purposes.  
**I give permission** for my child/camper to leave the campsite for programmed purposes.

**Participant/Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For the Camper: I pledge to respect the guidance of my counselors, to respect my cabin mates, and to honor my camp's policies. I also give my permission for my picture to be used for promotional purposes.

**Camper Signature** \_\_\_\_\_ **Date** \_\_\_\_\_