



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.

Insurance Information:	
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** _____