

Good Earth Village Year Round Program Health Form

Please print clearly. This form will be copied. Use a separate form for each camper.
Health information on this form is gathered to assist us in identifying appropriate care.

Camper Name _____ Date attending camp _____

Gender _____ Birthdate _____ Age _____ Grade completed _____

Camper Address _____ Second Parent/Guardian _____

City/State/Zip _____ Primary Phone (if different) _____

Parent/Guardian _____ Parent Work Phone _____

Primary Phone _____ Other Emergency Contact _____

Parent Work Phone _____ Emergency Contact Phone _____

Allergies: Check those which apply to this camper.

_____ This camper has no known allergies

_____ This camper has an allergy to the following food(s) _____
Describe the reaction if this food is eaten and what is done to manage it:

_____ This camper is allergic to the following medication(s): _____
Describe the reaction if this medicine is given and what is done to manage it:

_____ This camper is allergic to the following: _____
Describe the reaction and what is done to manage it:

Medication: Provide complete information. Bring enough medication to last the entire session. ALL medications MUST be in original pharmacy containers and appropriately labeled.

_____ This camper does not take routine medication.

_____ This camper takes routine medication (including vitamins) as follows: *attach more information if needed*

Name of Medication _____

Name of Medication _____

Reason for Taking _____

Reason for Taking _____

Dosage _____

Dosage _____

When Med is Taken _____

When Med is Taken _____

Other Information: Provide additional information about your child's health not mentioned elsewhere on this form. Attach additional sheets if more space is needed.

My child has permission to participate in all aspects of the day camp program except as noted. I hereby give my permission to the physician selected by the congregational coordinator or GEV coordinator to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. The congregational coordinator or the GEV coordinator will make every effort to contact me if my child needs emergency medical/surgical treatment. I understand that my insurance has primary coverage and Good Earth Village insurance is secondary. I give permission for any pictures and video taken of my child to be used for promotional purposes.

Parent/Guardian Signature _____ Date _____