

Sugar Creek Bible Camp
13141 Sugar Creek Bible Camp Rd Ferryville, WI 54628
Phone: 608-734-3113 Email: office@sgrcreek.org

Health History and Permission Form This form is for campers who did NOT use the online registration system.

Wisconsin State Health Code - State law requires that this form, completed and signed by a parent or guardian, be on file at the camp for the participant to attend a residential camp program. Although regular medical check-ups are recommended, a physician's signature is not required on this form.

NAME OF CAMPER		Grade (this fall) Gender	
Birthdate Current Age Program and Week Attending			
Address	City	State Zip	
Home or Cell Phone ()	Cell or \	Nork Phone ()	
Parent/Guardian Name(s)			
Parent/Guardian address -if different from camper			
HEALTH HISTORY If none apply, check here Diseases/Conditions: Please list approximate dates. Ear infections Heart Condition(s) Seizures Diabetes	MEDICAL ALLERGIES If none apply, check here Life Threatening? Bee Stings Yes No Penicillin Yes No Other Meds: Yes No	EMERGENCY INFORMATION Emergency Contact Person-Wiparents/guardians cannot be reached. Phone () Family Doctor Clinic	
Bleeding Disorders Asthma Chicken Pox Hepatitis Fractures Operations Other	FOOD ALLERGIES If none apply, check here Life Threatening? Dairy Yes No Eggs Yes No Seafood Yes No Peanuts Yes No Tree Nuts Yes No Gluten Yes No Other foods: Yes No	TETANUS IMMUNIZATIONS Tetanus/Whooping Cough (DPT, TD or Tdap) Date of most recent immunization Type?or write none Are your child's school-required immunizations up-to-date?Yes? orNo? If immunizations are not current, please explain in the Additional Information section on back. Please attach a detailed description of any chronic condition, any restrictions or limitations, and directions for care in the Additional Information section on the back.	
Over the Counter Medication: The following medications are kept on hand at camp. Please do not bring any of the medications listed below except for a chronic, daily condition. Please check the box by all the medications which our health care professional may administer to your child as needed. All medications are given according to the instructions on the medication packaging and per medical protocol. □ Acetaminophen □ Ibuprofen □ Benadryl (or generic) □ Antihistamines □ Cold Medicines □ Antacids or stomach aids			
Prescription Medication: In order for our health care staff to administer PRESCRIPTION MEDICATION to a participant, Wisconsin law requires that the bottle MUST be labeled with the participant's name, name of medication, dosage, frequency and route of administration, name of prescribing physician, date prescribed, possible side effects and precautions. Please list any medications (prescription or OTC) your child will need to have administered at camp. You will also speak with the camp nurse or doctor at Sunday or Wednesday check-in. Medication Name Treatment for? How and when should it be administered? (You may also attach instructions) * PAGE 1.			



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Parent/Guardian Authorization: This health form is correct as far as I know and the person herein described has my permission to engage in all activities, except those noted on this form. If I cannot be reached in the event of a medical emergency, I give my permission to the health care provider selected by the camp to give necessary medical treatment to the person listed on the previous page.

Medical Release: In consideration of acceptance to Sugar Creek Bible Camp, I indemnify and hold harmless Sugar Creek Bible Camp, its owners, agents, associates, and staff from any and all liability, claims, damage, injury or illness sustained by my camper.
Parent or Legal Guardian Signature (required):
Signature: Date:
Sugar Creek Bible Camp Insurance Policy: I understand that the camp insurance policy is strictly secondary coverage. YesInitials
Please check here ONLY if your camper is NOT covered by health insurance. Initials
Media Release: I give my permission for photographic and/or video images of my camper to be used in future Sugar Creek Bible Camp promotional materials, web-based media, or publications. I understand Sugar Creek will not use my child's name or personal information. □ Yes □ No Initials
*Additional Information regarding chronic condition(s), medications, or your child's overall health:

Please mail or email this form to camp at least 2 weeks prior to your child's week of camp.