



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 Work Phone** (_____) _____

Parent/Guardian Name(s) _____

Parent/Guardian address -if different from camper _____

<p align="center">HEALTH HISTORY</p> <p>If none apply, check here <input type="checkbox"/></p> <p>Diseases/Conditions:</p> <p><i>Please list approximate dates.</i></p> <p><input type="checkbox"/> Ear infections _____</p> <p><input type="checkbox"/> Heart Condition(s) _____</p> <p><input type="checkbox"/> Seizures _____</p> <p><input type="checkbox"/> Diabetes _____</p> <p><input type="checkbox"/> Bleeding Disorders _____</p> <p><input type="checkbox"/> Asthma _____</p> <p><input type="checkbox"/> Chicken Pox _____</p> <p><input type="checkbox"/> Hepatitis _____</p> <p><input type="checkbox"/> Fractures _____</p> <p><input type="checkbox"/> Operations _____</p> <p>_____</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>	<p align="center">MEDICAL ALLERGIES</p> <p>If none apply, check here <input type="checkbox"/></p> <p align="center"><u>Life Threatening?</u></p> <p><input type="checkbox"/> Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p>	<p align="center">EMERGENCY INFORMATION</p> <p>Emergency Contact Person-If parents/guardians cannot be reached.</p> <p>_____</p> <p>_____</p> <p>Phone (_____) _____</p> <p>Family Doctor _____</p> <p>Clinic _____</p> <p>Phone (_____) _____</p>
	<p align="center">FOOD ALLERGIES</p> <p>If none apply, check here <input type="checkbox"/></p> <p align="center"><u>Life Threatening?</u></p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Eggs <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Seafood <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Peanuts <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Tree Nuts <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Gluten <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other foods: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">TETANUS IMMUNIZATIONS</p> <p>Tetanus/Whooping Cough (DPT, TD or Tdap)</p> <p>Date of most recent immunization _____</p> <p>Type? _____ or write none _____</p> <p>Are your child's school-required immunizations up-to-date? ____Yes? or ____No? If immunizations are not current, please explain in the Additional Information section on back.</p> <p>Please <u>attach</u> a detailed description of any chronic condition, any restrictions or limitations, and directions for care in the Additional Information section on the back.</p>

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) *
_____	_____	_____
_____	_____	_____
_____	_____	_____

