

CHRISTIAN RETREAT CENTER MEDICAL FORM 2017

369 CRC Drive, East Waterford PA, 17021 | 717-734-3627 | office@crctims.org

Camper Name

Camp Attending

In order that we may provide the best health care for your child during camp, please list all medications your child is currently taking and mail back to the camp office with your registration form. Even if your child does not regularly take any medications, this form still needs to be signed and mailed to CRC. It is generally our practice to call a parent when a major medical issues arises or one that requires more than one visit to the Nurse's Station (e.g. injuries requiring more than simple first aid, or for headache, sore throat, etc. that does not respond to treatment.)

*All medications must be turned into the Nurse on the first day of camp.

Is your camper in general good health & able to participate in all normal camp activities?

Yes No (If no, please submit a statement of limitations)

Prescription Medications

Name of Medication:

How often taken:

Reason for use:

1: _____

2: _____

3: _____

Non-Prescription Medications

Vitamins, food supplements, etc.

Name of Medication:

How often taken:

Reason for use:

1: _____

2: _____

3: _____

Dietary Needs

Reason for Dietary Needs

Specific Allergies/Treatment Given

Date of last tetanus shot

Preexisting Medical Condition

Primary Care Physician

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Phone

Insurance Company

Policy No.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

