

FORM 4: HEALTH CHECK-IN FORM

WHO NEEDS? Every camper, at camper check-in.

OLYMPIC
BIBLE CAMP



IF PARENT / GUARDIAN CANNOT BE AT CAMPER CHECK-IN: 1. Complete this form on day camp starts. 2. Send with Responsible Party for your child.

Please print clearly. Use back if needed.

BIRTH DATE (month/day/year) _____

CAMPER NAME _____

Has camper had:

1. ...any injury, medical procedure or surgery in the past 2-3 weeks?
NO YES - explain:

2. ...any illness (fever, nausea, vomiting, diarrhea, rash, etc.) in past 2-3 days?
NO YES - explain:

3. ...any exposure to someone with contagious illness in past 2-3 weeks?
NO YES - explain:

4. ...any exposure to or treatment for head lice in past month?
NO YES - explain:

5. ...any information or health changes since Camper's Registration-Health Form completed?
NO YES - explain:

Does camper have:

6. ...any medications with him/her? (Prescription, over-the-counter, vitamins and/or supplements.)
NO YES **If yes, complete Form 3: Camper Medication and Treatment Record.**

7. ...any treatments required while at camp? (Example: large scrape on leg needing daily care.)
NO YES **If yes, complete Form 3: Camper Medication and Treatment Record.**

8. ...severe allergic reaction, Epi-pen, asthma, inhaler, heart problem, seizures, diabetes, fainting, low blood sugar, anxiety or panic attacks, autism, emotional or behavioral needs, special dietary needs, or similar?
NO. *(Skip to signature area below).*
YES...and information for each condition, concern or need has been provided on:
 - my child's Camper Registration-Health Form
 - back side of this page
 - attached page(s)

NOTE: Description should include: A) camper's condition, concern or need,
B) how camper manages this,
C) how camp staff may need to assist camper with this.

PARENT or LEGAL GUARDIAN SIGNATURE:

I, _____, the Parent / Legal Guardian of _____
(PRINT NAME OF PARENT OR LEGAL GUARDIAN) (PRINT NAME OF CAMPER)

have completed this form insofar as I know to accurately reflect my child's current health status and needs.

Parent / Legal Guardian Signature: X _____ **Date:** _____