

**REHOBOTH CHURCH  
CAMP MEDICAL FORM**

Please fill out all of the information below to the best of your ability, so that we will be able to take the best care of your child.

**CAMPERS INFORMATION:**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

NAME: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

**EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALLERGIES:**

**Medications:** \_\_\_\_\_

**Insects/bites** (bees, wasps, etc.) \_\_\_\_\_

**Foods** (peanuts, strawberries, etc.) \_\_\_\_\_

**Latex:** \_\_\_\_\_

**Plants** (poison ivy, etc.): \_\_\_\_\_

**IMMUNIZATIONS:**

Are your child's immunizations up to date? YES NO

Last Tetanus: \_\_\_\_\_

**Below is a list of medical problems, please check yes or no to the following:**

	YES	NO
Asthma	_____	_____
ADHD	_____	_____
Cancer/Leukemia	_____	_____
Seizures/epilepsy	_____	_____
Diabetes	_____	_____
Heart trouble	_____	_____
High Blood Pressure	_____	_____
Over heats easily	_____	_____
Sleep Walks	_____	_____
Bed Wetting	_____	_____

Other: \_\_\_\_\_

Please explain any that you marked YES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_