

SUGAR CREEK BIBLE CAMP HEALTH HISTORY 2012				Code No. (office only)	
PLEASE COMPLETE BOTH SIDES- SEE NOTE BOTTOM OF PAGE					
Name (Last, First, MI) (Print Clearly)			Date of Birth		Age
					Sex (Circle One)
					F M
Mailing Address			City		State
					Zip
Parent / Guardian			Phone (s)		
IF NOT AVAILABLE IN EMERGENCY CONTACT (1)			Phone		
IF NOT AVAILABLE IN EMERGENCY CONTACT (1)			Phone		

HEALTH HISTORY – CHECK GIVING DATES / PERTINENT INFORMATION		
Diabetes	Asthma	Drug Allergies
Heart Conditions	Bee Stings	Outside Allergies
Seizures	Chicken Pox	Food Allergies
Fainting Spells	Measles	Behavior
Fractures/Dislocations	Mumps	Sleep
Ear Infections	Rheumatic Fever	Other
Operations / Serious Injuries (Include Dates)		
Chronic / Recurring Illnesses (Include Dates)		
Other Information / Details from Above		

IMMUNIZATION RECORD-CHECK GIVING DATES			
DPT	Polio	Tetanus (last one)	Hepatitis B
Small Pox	Measles	Mumps	Rubella
TB (Pos / Neg)	Lyme (Pos / Neg)	Influenza	Other

Restrictions

Medication	Medication
Medication	Medication

Please turn page over for more information. REMEMBER the required signatures: doctor and parent.
 Please mail this form to: *Sugar Creek Bible Camp, 13141 SCBC Rd., Ferryville, WI 54628* or FAX: 608-734-3601 at least 2 weeks prior to your child's week of camp. You will still need to check in with the nurse when you bring your child to camp.

Dear Parent/Guardian:

This health form is required by the state of Wisconsin and **must** be a part of our registration at least **two weeks before** your child attends camp. If the person listed on the other side of this form had a physical exam within 24 months prior to his/her week of camp, please do the following:

- *Take this form to your physician to sign and verify the date of your child's physical. Complete the other side of this form in its entirety.*
- *Then, send this form to camp along with your child's profile sheets.*

If your child has not had a physical within 24 months of his/her week of camp, please schedule a physical, complete the front of this page and have the physician sign and date this form before you send it to camp.

Please check to make sure **all applicable information is completed.**

I, _____, verify that the person listed on the other side of this form has had a physical exam within the past 24 months. Any restrictions, medications or limitations are noted.

Physician's signature: _____ Date: _____

PHYSICIAN'S INFORMATION

Name	Clinic
Address	Phone number/extension

INSURANCE INFORMATION

Company Name	Card Holder's Name
Address	Phone
Group Number	ID Number

Sugar Creek Bible Camp

13141 Sugar Creek Bible Camp Rd. Ferryville, WI 54628
Phone: 608-734-3113 Fax: 608-734-3601

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

Signature: _____ Date: _____

(please check) Sugar Creek Bible Camp has my permission to use any photograph or video of my child taken at camp in future promotions/publications of Sugar Creek Bible Camp.