

TEEN HEALTH INFORMATION FORM

Due June 1, 2009

Worker Name _____ Phone (____) _____

Church Name _____ Pastor _____

- CAMP CHOICE:**
Please check one
- Junior Camp/July 20-23
- Primary Camp/July 23-25
- Both Camps/July 20-25

MAIL TO: Jon Fillipi
2612 Robin Rd.
Salina, KS 67401

Questions? Check out our website at www.ksnazkids.org
or e-mail us at nazkidscamp@sbcglobal.net

Family Physician: _____ Physician Phone: (____) _____

Health/Hospitalization Insurance Company: _____

Policy Number: _____

Date of last tetanus booster ____/____/____

My teen has allergies: ____ Yes ____ No If yes, list: _____

My teen is bringing medications: ____ Yes ____ No If yes, please list all medications and give dosage schedule.
If more space is needed to list medications, please attach a separate sheet. **ALL MEDICINE SENT MUST BE GIVEN TO THE CAMP NURSE!**

Medication

Dosage

MEDICATION PACKAGING REQUIREMENTS

- ◆ Medications must be in their original container with dosages clearly printed on the container.
- ◆ All medication containers must be placed in a Ziploc bag and labeled with your child's name.
- ◆ A list of medication names should be included on the label of the Ziploc bag.
- ◆ **Medications (prescription and over-the-counter) are to be given to the adult who is bringing your child to camp.**
- ◆ ALL MEDICATIONS MUST BE GIVEN TO THE CAMP NURSE UPON ARRIVAL.
- ◆ If a child's application lists medications that are not brought to camp, it is the parents responsibility to provide them or the child will not be allowed to stay.

Person to contact in case of an emergency if you cannot be reached: (Please let them know you have selected them.)

Name _____

Relationship _____

Phone: Day (____) _____ Cell (____) _____ Evening (____) _____