

PLEASE CIRCLE "YES" OR "NO" FOR EACH OF THE FOLLOWING. IF "YES" PLEASE EXPLAIN

- YES NO Chronic or recurring illness
- YES NO Operations or serious injuries
- YES NO Any other significant medical history
- YES NO Allergies to medications (List reaction & Treatment)
- YES NO Allergies to food or dietary restrictions (List reaction & Treatment)
- YES NO Other allergies (Specify)
- YES NO Activity Restrictions
- YES NO Other (Specify)

IMMUNIZATIONS

ARE YOU UP TO DATE ON ALL IMMUNIZATIONS? YES NO LAST TETANUS / /
If you answered NO, please make a list of injections already received on a separate sheet of paper and attach....

Home Physician's Name

Address

City, State, Zip

Last Physical Exam: / / Phone Number () -

MEDICAL INFORMATION

In case of fever or headache, what would you prefer your child receive?

Aspirin

Tylenol

Ibuprofen

List any current medication your child is taking

	Medication	Dosage	Frequency	Self	Reason
1					
2					
3					

Staff Health Form & Parental Medical Permission Form

To the best of my knowledge, this health form is true and correct. The person herein named has my permission to engage in all camp activities except those noted by me.

I, hereby, give permission to the physician selected by the Conference Center Director or Conference Center Nurse to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency. I hereby give permission to the selected physician chosen by the Conference Center Director or Conference Center Nurse to hospitalize, secure proper treatment, and to order and/or administer medication and/or surgery for my child as named herein.

SIGNATURE _____ DATE / /

I agree to have my child picked up from Pinebrook Bible Conference if he/she is ill for more than 24 hours or contracts a contagious disease. I understand that the Director and the Conference Nurse will have discussed the decision before contacting me.

SIGNATURE _____ DATE / /

DATE: / / **TO BE COMPLETED BY PINEBROOK CONF. CENTER NURSE**

Physical Upon Arrival to Pinebrook	Pulse	Medication	Dosage	Frequency
Temperature	Height			
Respirations	Weight			
Blood Pressure	Throat			
Skin	Lungs			
Ears				

Comments:

Signature: