EG Ministries, Inc. EXPLORING GOD'S GREATNESS
Home of Explorer Girls and Xtreme Xplorers' Curriculum
EG Ministries, Inc. 311 E. Providence Road
Aldan PA 19018 Phone: (610) 626-3332
Find us on Facebook 501(c)(3) Ministry
Check out PB n J with EG Ministries, Inc. on Facebook
www.egministriesinc.org

PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF YOUR CHILD'S INSURANCE CARD AND RECORD OF IMMUNIZATIONS.

Division_____ Cabin_____ Counselor_____
(For Camp Use only)

CAMPER HEALTH INFORMATION FORM

(Please Print)

NAME: _____ BIRTH DATE: _____ AGE: _____

HOME ADRESS: _____
(STREET AND NUMBER) (CITY) (STATE) (ZIP CODE)

CONTACT INFORMATION:

HOME PHONE #: (_____)_____ PRIMARY E-MAIL _____

FATHER: _____ MOTHER: _____

CELL#: (_____)_____ CELL#: (_____)_____

WORK #: (_____) _____ WORK #: (_____) _____

EMERGENCY CONTACT (IF PARENT IS UNABLE TO BE REACHED):

NAME: _____ NAME: _____

RELATION TO CAMPER: _____ RELATION TO CAMPER: _____

PHONE #: (_____)_____ PHONE #: (_____)_____

FAMILY PHYSICIAN: _____ PHONE #: (_____)_____

ADDRESS: _____
(STREET AND NUMBER) (CITY) (STATE) (ZIP CODE)

INSURANCE PROVIDER: _____ PHONE #: _____

SUBSCRIBER'S NAME: _____ POLICY #: _____

HEALTH HISTORY: (PLEASE CHECK ALL THAT APPLY)

_____ADD/ADHD
_____ASTHMA
_____BIPOLAR DISORDER
_____BLEEDING/CLOTTING DISORDERS
_____DEPRESSION/ANXIETY
_____DIABETES
_____EATING DISORDER
_____FREQUENT EAR INFECTIONS
_____HEART DEFECT/DISEASE
_____HYPERTENSION/CHEST PAIN
_____HEADACHES (RECURRING ONLY)
_____LEARNING DISABILITIES
_____MONONUCLEOSIS
_____SEIZURES
_____SKIN CONDITIONS (RASH, ITCHING)
_____JOINT PROBLEMS
_____DENTAL/ORTHODONIC
_____WEARS GLASSES/CONTACTS
_____BED WETTING
_____SLEEP WALKING
_____OPERATIONS OR SERIOUS INJURIES

If you have checked any of the above please be aware that this information will be shared with your daughter's counselor and/or activity leaders, as needed.

PLEASE EXPLAIN AND GIVE APPROXIMATE DATES FOR ANY CONDITIONS THAT WERE CHECKED:

_____

_____

PLEASE EXPLAIN/GIVE APPROXIMATE DATES FOR ANY OF THE FOLLOWING:
EMOTIONAL DIFFICULTIES THAT REQUIRED PROFESSIONAL HELP_____
ANY OTHER CHRONIC OR RECURRING ILLNESS _____
HAS YOUR DAUGHTER RECENTLY BEEN EXPOSED TO ANY COMMUNICABLE DISEASE? _____
ANY PHYSICAL/BEHAVIORAL ACTIVITY **RESTRICTIONS (only)** AT CAMP_____

_____

_____

_____

HAS YOUR CHILD HAD ANY OF THESE DISEASES? (PLEASE CHECK ALL THAT APPLY & GIVE DATES)

CHICKEN POX (VARICELLA) _____ GERMAN MEASLES (RUBELLA) _____

MEASLES _____ MUMPS _____ HEPATITIS _____

ALLERGIES: PLEASE INDICATE THE SEVERITY BY MARKING AN "**M**", "**MOD**". OR "**S**" AFTER EACH ONE
"**M**" = MILD: No medication required (ex. rash that resolves on its own)
"**MOD.**" = MODERATE: Medication may be required (ex. Benadryl for hives)
"**S**" = SEVERE: LIFE THREATENING (ex. needs to carry an Epi pen)

Hay Fever _____ Food _____
Ivy Poisoning _____ Medication _____
Insect stings _____ Other_____
Please explain any moderate or severe allergies: _____
_____
_____

IMMUNIZATIONS: (PLEASE LIST DATES IF YOU ARE NOT ABLE TO SEND A PHOTOCOPIED FORM)

DTaP _____ _____ _____ _____ _____ DTaP (Tetanus – most current dose) _____
HepB _____ _____ _____ HepA _____ _____ Rotavirus (RV) _____ _____ _____
Hib _____ _____ _____ _____ PCV (Pneumococcal) _____ _____ _____ _____
IPV(Polio) _____ _____ _____ _____ MMR #1 _____ MMR # 2 _____ Influenza (Current) _____
Varicella _____ _____Meningococcal _____ _____ TB (Date of last test) _____ Result: Negative ___ Positive ___

MEDICATIONS: ALL MEDICATIONS MUST BE IN THE CURRENT PRESCRIPTION BOTTLE WITH CAMPER'S NAME, MEDICATION NAME, DOSAGE, FREQUENCY OF ADMINISTRATION & THE PRESCRIBING PHYSICIAN'S NAME
Medications must be turned in to the nurse on arrival; please DO NOT *pack medications in camper's luggage. This includes non prescription and over the counter meds. Medication should be in a zip lock bag with camper's name on it. Loose pills will not be accepted! The camp nurse will have most over the counter medication.*

MEDICATIONS: List all medication including over the counter medication and only meds that will be brought to camp. Please attach a separate page if more space is needed.

MEDICATION	PURPOSE	DOSAGE	TIMES GIVEN

_____

_____

_____

PLEASE DO NOT SEND ANY BUG REPELLENT SPRAYS OR OTHER AEROSOL SPRAYS TO CAMP.

AUTHORIZATION AND CONSENT
THIS STATEMENT MUST BE SIGNED IN ORDER FOR YOUR DAUGHTER TO BE ACCEPTED AT CAMP.

This history is correct to the best of my knowledge and may be photocopied for medical purposes. The person herein described has permission to engage in all prescribed camp activities, except as noted. I hereby give permission for the EG Ministries Inc. staff to provide ongoing health care and supervision for my child. This includes dispensing prescription and over the counter medication as needed unless otherwise noted on this form. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the medical professionals selected by the EG Ministries Inc. Camp Director to secure and administer treatment, including hospitalization and/or transportation for my child. I understand I am responsible for the cost of any such medical treatment. I understand that there are risks inherent in camp activities and agree to hold EG Ministries Inc., its staff, volunteers, directors and officers blameless in all instances. Should it become necessary for my child to return home for medical or disciplinary purposes, I will arrange for transportation at my expense within a reasonable amount of time agreed upon by EG Ministries Inc. Camp Director and myself. By my signature, I verify that I am the custodial parent or legal guardian of this camper and I consent to these statements and grant such authorizations.

I give my permission for camp medical staff to administer over the counter medication as needed. **Yes** ____ **No** ____

_____ _____ _____
Signature of Parent/Legal Guardian Print Name Date

In order to hold your daughter's place at camp this form must be returned TO THE EG MINISTRIES' OFFICE NO LATER THAN JULY 1, 2017.

Health forms must be in the EG office before arrival at camp. Please call the EG Ministries, Inc. office with questions.