

Sagrada Scholarship Bible Camp - Health History Form

Name _____ Birth Date _____ Age _____ M/F _____

Home Address _____

Emergency Contact #1 _____ Home Phone _____ Work Phone _____

Emergency Contact #2 _____ Home Phone _____ Work Phone _____

Please circle Yes or No for the following. If answer is yes, please give approximate date.

<u>Health History:</u>		<u>Date</u>			<u>Date</u>
Frequent Ear Infections	Y/N	_____	Heart Defect/Disease	Y/N	_____
Convulsions/Seizures	Y/N	_____	Diabetes	Y/N	_____
Bleeding Disorder	Y/N	_____	Hypoglycemia	Y/N	_____
Menstrual Disorder	Y/N	_____	Mononucleosis	Y/N	_____
Asthma	Y/N	_____	Chicken Pox	Y/N	_____
Measles	Y/N	_____	German Measles	Y/N	_____
Mumps	Y/N	_____	Hay Fever	Y/N	_____

Allergies:
 Insect Stings Y/N If so, what kind? _____
 Penicillin Y/N _____
 Other Drugs Y/N If so, which ones? _____

Immunizations:
 Are they up to date as required by public schools? Y/N

Surgery or Serious Injury: **What type?** **Date?**

Disability or Chronic Illness? Y/N If so, explain. _____

Do you have any physical limitations or medical conditions preventing you from performing certain types of activities relating to children or youth? Y/N

Are there any activities limited or encouraged at the advice of a physician? Y/N If so, explain. ____

Dietary Modifications? _____

Current Medications (include instructions)? _____

Family Physician & Phone _____

Do you carry medical insurance? Y/N Carrier and Policy # _____

This health history is correct to the best of my knowledge and the person herein described is fit to engage in all the prescribed activities except as noted.

Signature _____

Release: I do hereby release SSBC Inc., and its staff and officers from any liability in the case of accident, illness, or injury during my participation at camp, whether such occurs on or off camp property. I authorize any medical treatment that may be needed for my (insert name) _____ welfare.

Signature _____ Date _____