

YOUTH RETREAT 2011

801 MAIN STREET
QUINTER, KS 67752

HEALTH STATEMENT

This statement of health history is to be completed by a HEALTH PROFESSIONAL within **24 months of camp**. Last year's statement or current school statement is acceptable.

CAMPERS NAME _____ **Age:** _____ **Birth date** _____

Date of last visit to Physician or examination within **24 months** of camp: _____

This child/youth is planning to attend a week-long camp away from his/her home and some distance from care. Youth Retreat will have a health supervisor who has at least completed an advanced first aid course. Your response to all these questions will help to care for your child/youth. **Use back of form for additional information.**

Past history of serious lacerations, injuries or illnesses:

List all allergies to food or medication:

List all medications that are currently being taken:

Date of last tetanus: _____

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows:

Signature of health care professional _____

Authorization for emergency medical care -health insurance information

I hereby give my permission to Youth Retreat officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, (first and last name) should an emergency arise. It is understood that Youth Retreat officials will make a conscientious effort to locate the emergency contacts listed below before any action is undertaken. If it is not possible to locate emergency contacts listed, I/We accept the expense of emergency medical or surgical treatment (to the extent that it is not covered by my child's health care insurance)

Health Insurance Provider: _____ *Phone Number:* _____

Health Insurance Policy Number: _____

Parent's or Guardian's Signature: _____ **Date:** _____

EMERGENCY CONTACT NUMBERS _____

Attach a copy of youth's health insurance provider card/certificate (front and back)