



# ASPIRE CHRISTIAN YOUTH CAMP

AspireChristianYouthCamp.org  
PO Box 717, Pikeville TN 37367

## ~ MEDICAL INFORMATION ~

CAMPER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

CHILD'S FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY NUMBERS OF PARENTS OR GUARDIANS:

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Home: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mobile: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Mobile: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

IF CAMPER HAS A REACTION, EXPLAIN HOW IT AFFECTS THEM AND WHAT SHOULD BE DONE.

MEDICATION: \_\_\_\_\_ DOSAGE/FREQUENCY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ ARE SHOTS UP TO DATE? \_\_\_\_\_

DOES CAMPER HAVE ANY PROBLEM THAT STAFF SHOULD BE AWARE OF? If so, please explain.

PERSON PICKING UP CAMPER AT END OF CAMP: \_\_\_\_\_

NAME OF CAMPER'S HEALTH INSURANCE CO: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ INSURANCE CARD #: \_\_\_\_\_

WILL CAMPER HAVE HEALTH INSURANCE CARD \_\_\_\_\_ or COPY? \_\_\_\_\_

- \*CAMPER IS FREE OF SYMPTOMS FOR COVID 19 AT TIME OF CHECK IN Y/N
- \*CAMPER HAS NOT BEEN IN CONTACT WITH ANYONE WHO HAS TESTED POSITIVE FOR COVID 19 IN THE LAST 14 DAYS Y/N
- \*TEMP CHECK AT CHECK IN \_\_\_\_\_

**As the parent or guardian, I give my permission for my child to receive emergency medical treatment for accident or illness.**

\_\_\_\_\_  
SIGNATURE OF PARENT (S) OR GUARDIAN DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Medical permission is in effect for a period of one year from date.