

REHOBOTH BAPTIST CAMP  
MEDICAL FORM

Please fill out all information below to the best of your ability, so that we will be able to take the best care of your child.

CAMPERS INFORMATION:

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone

Number \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

MEDICAL INFORMATION:

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_



Medications: \_\_\_\_\_

Insect/bites (bees, wasps, etc.) \_\_\_\_\_

Foods (Peanuts, strawberries, etc.) \_\_\_\_\_

Latex: \_\_\_\_\_

Plants (poison ivy, etc.) \_\_\_\_\_

**IMMUNIZATIONS:**

Are your child's immunizations up to date? YES NO

Last Tetnus: \_\_\_\_\_

Below is a list of medical problems, please check yes or no to the following:

	YES	NO
Asthma	___	___
ADHD	___	___
Cancer/Leukemia	___	___
Seizures/epilepsy	___	___
Diabetes	___	___
Heart trouble	___	___
High Blood Pressure	___	___
Over heats easily	___	___
Sleep Walks	___	___
Bed Wetting	___	___
Other: _____		

Please explain why you marked YES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_