

# VICTORY BIBLE CAMPS HEALTH FORM

THANK YOU FOR REGISTERING WITH VICTORY BIBLE CAMPS. A COMPLETED HEALTH FORM INCLUDING PARENT/GUARDIAN SIGNATURE IS REQUIRED ANNUALLY TO ATTEND CAMP. NOTE: A PHYSICIAN'S EXAM IS NOT REQUIRED FOR THIS FORM. PLEASE RETURN THIS COMPLETED FORM TO VICTORY AS SOON AS POSSIBLE.

Last Name

First Name

Camper ID

Block Code

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male / Female  
 Circle one \_\_\_\_\_ Camper ID \_\_\_\_\_  
 Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_  
 Parent or Guradian \_\_\_\_\_ Relationship \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Alternat emergency contacts should the parent/guardian be unavailable:*

Alternat emergency contact #1 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone 1 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone 2 \*\* \_\_\_\_\_  
 Alternat emergency contact #2 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone 1 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone 2 \*\* \_\_\_\_\_  
 Medical Insurance Co. \_\_\_\_\_ Policy No \_\_\_\_\_ Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

**IMMUNIZATION HISTORY (give date)**

DTP Series \_\_\_\_\_ Last Tetanus \_\_\_\_\_  
 Last MMR \_\_\_\_\_ Last TB test results \_\_\_\_\_  
 Measles \_\_\_\_\_

**ALLERGIES or REACTIONS**

Hay fever \_\_\_\_\_ Plants \_\_\_\_\_  
 Insect Bites \_\_\_\_\_ Penicillin \_\_\_\_\_  
 Other Drugs \_\_\_\_\_ Foods \_\_\_\_\_

**OPERATIONS AND/OR MEDICAL CONDITIONS**

Description of Current health conditions requiring medication and/or treatment

**RECOMMENDATIONS AND RESTRICTIONS**

Describe any MEDICINE (specify name and use), DIETARY OR ACTIVITY the Camp Nurse or Director should be aware of while at camp.

**PARENT'S AUTHORIZATION - THIS BOX MUST BE COMPLETED FOR CAMP ATTENDANCE**

\*I hereby certify that this HEALTH HISTORY is correct to the best of my knowledge.

\*I understand the possible risks and dangers involved in sports and other traditional camp activities and do give permission for the above named camper to engage in all prescribed camp activities, except as noted by myself or my family physician. I/We do here by release Victory Ministries, it's employees, agents, and camp staff from any and all claims, demands, actions, or causes of action for any sort of injuries sustained during the period covered by this release whether such injuries occur on or off the camp property.

\*I have instructed my child to obey the rules of Victory Bible Camps

\*I hereby give permission for medical treatment to be initiated as required for his/her welfare.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

PRINT FULL name of Parent/Guardian \_\_\_\_\_

*Please mail or fax this form back to Registrar c/o Victory Ministries  
 64741 S. Victory Road Sutton AK 99674  
 P. 907.745.4203 F. 907.745.4206 E. Registrar@victorymin.org*