

VICTORY BIBLE CAMPS 2006 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.

Note: If you registered before May 1 (registration is received by May 1) please mark what size t-shirt your child wears:

Child's (Circle One): M L
 Adult (Circle One): S M L XL XXL

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 (____) _____

Alternate emergency contacts should the parent/guardian be unavailable:

Alternate emergency contact #1 _____ Phone 1 (____) _____ Phone 2 ** (____) _____
 Alternate 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**

Last Name
First Name
Camper ID
Block Code