

**MISSION TRIP REGISTRATION
MEDICAL RELEASE**

Camper's Name _____
Birth Date ___ Sex ___ Age _____
Parent/Guardian _____ Phone _____
Address _____
City _____ State _____ Zip _____

IF NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

Name _____ Phone _____

HEALTH HISTORY: Check - giving appropriate dates

Ear infection _____ Hay Fever _____ Chicken Pox _____
Convulsions _____ Poison Ivy _____ Measles _____
Rheumatic Fever _____ Insect Bites _____ German Mea. _____
Diabetes _____ Penicillin _____ Mumps _____
Behavior _____ other drugs _____ Asthma _____

Operation of serious injuries (dates) _____

Other diseases or details of above _____

Chronic or recurring illness _____

IMPORTANT: Please notify the camp if this camper has been exposed to any communicable disease during the three weeks prior to MISSION TRIP attendance.

Allergic to any medications? _____

Is your child taking any medications? _____

Instructions for medications _____

Parent suggestions: _____

Should your child experience minor pains or discomfort, after praying for him/her and with your permission, these over the counter generic medications could be dispensed to your child: Acetaminophen, ibuprofen, calcium antacid tablets (Tums or Tagamet), anti-diarrheal, Pepto-Bismol, benadryl, cough syrup, or decongestants.

Parent Signature _____