



**WE ONLY NEED MED FORMS TURNED IN FOR STUDENTS WHO ARE ON MEDICATIONS. PLEASE DO NOT TURN IN A BLANK ONE WITH YOUR REGISTRATION FORM IF YOU ARE NOT ON ANY MEDICATION. PLEASE MAKE AS MANY COPIES AS NEEDED.**

**United Christian Ministerial Association | Camp Youth Ablaze 2011 | July 11 - 16  
Adult & Student Medical History/Information Form**

Full Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_



Parent(s)/Legal Guardian(s) signature [if under 19 yrs old]:  
\_\_\_\_\_ Date: \_\_\_\_\_

Emergency Telephone # 1: \_\_\_\_\_ Telephone # 2: \_\_\_\_\_



Please list any and all allergies (food allergies, animal allergies, element allergies):  
\_\_\_\_\_

Please list medical history (seizures, panic attacks, diabetes, heart disease, heart attacks, strokes, or any other major diagnosis) with any explanation felt needed:

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

Please list any and all medications needed to be administered during the week of Camp with the time of day to be given:

Medication Name	Time of Day
_____	_____
_____	_____
_____	_____
_____	_____



*Parents please keep your child's medicine in the original medication bottle and turn in to the Nurse's Registration Desk on the first day of Camp. If your child is attending with a group, please make sure the meds are given to the Youth Leader/Pastor, so that they may turn the meds in at the Registration Desk. Absolutely no meds are allowed in the cabins during camp. All meds are kept under lock and key in the Nurse's Station and are to be administered at times required by one of our Registered Nurses. Inhalers are an exception, as long as the student can keep up with it, without losing it and does not leave it for another child's access.*

*Thank you for your cooperation in this matter! The goal of our Medical Department at Camp, is to keep our students as safe as possible, with as little incident as possible. Thank you for your help.*

