



SHAKE-UP KALAMAZOO

REQUIRED FOR EVERY CAMPER IN YOUR GROUP

Camper's Name (Please print): _____ Male Female

Camper's Date of Birth: _____ Age: _____ Camper Email: _____

Address: _____

City _____ State _____ Zip _____

Parent/Guardian Names: _____

Parent/Guardian Cell #'s: _____

Alt Phone #'s: _____

Parent/Guardian Emails: _____

HEALTH HISTORY

Major Hospitalizations, Surgeries, Injuries (Include year) throats

Allergies (Plant, Food, Insect, Medication, etc.) (List allergy and treatment)

SPECIAL CONDITIONS (Please check all that apply)

() Shortness of breath () Frequent earaches, sore

() Excema, skin rashes () Trouble passing urine

() Convulsions, seizures () Speech problems

() Heart trouble () Hayfever, asthma, wheezing

() Menstrual problems () Diabetes

() History of bleeding () Bedwetting

() Sleepwalking () Other _____

Usual treatment for condition(s) above:

MEDICATIONS

(List all medications the child is bringing to camp)

Medication	Dose	Frequency	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMMUNIZATION DATES

MMR _____ DP Tetanus Booster _____

Hepatitis B _____ Other _____

DATE OF LAST PHYSICAL _____

NAME OF PHYSICIAN _____

PHYSICIAN'S PHONE # _____

PERSON OTHER THAN GUARDIAN TO BE NOTIFIED IN EMERGENCY SITUATION _____

PHONE NUMBER: _____ ALT PHONE (Cell or Work): _____

INSURANCE INFORMATION

Attach clear copies of both sides of your health insurance card OR fill in completely the information below.

Insurance Company Name: _____ Policy Number _____

Group/Employer Name: _____ Group Number _____

Additional Information: _____

I certify that the above medical information is, as of this date, accurate and correct to the best of my knowledge. I certify that photographs and videotape pictures of my child participating in camp activities may be used in promotional materials for the camp. I give my permission for Miracle Camp and Retreat Center to send me emails and to my camper regarding upcoming events and news (we will not sell your information).

I hereby grant permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also grant permission for medical personnel to obtain access to necessary medical, psychiatric or social work records. This form may be photocopied for use out of camp.

Parent\Guardian Signature: _____ Date: _____