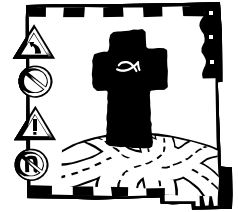




COVENANT CHRISTIAN REFORMED CHURCH

# CROSSROADS

## HEALTH FORM



Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth (mm-dd-yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

**Primary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION:

*If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is at Crossroads camp.*

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

In whose name is the policy?: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Office (town): \_\_\_\_\_

Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

### HEALTH HISTORY:

Please list below any pre-existing or present medical conditions, or activity restrictions of which camp staff should be aware:

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

Please list the name and dosage of any medication that the camper must take:

\_\_\_\_\_

Please list allergies, including allergies to medication, of which the camp staff should be aware:

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_