Pinecrest Health Form

Camper's Name_____ **Camp Attending**_____

Is your camper prone to any of the following: Sleepwalking Bed wetting
(circle all that apply)
Hyperactivity Trouble sleeping

Does your camper have any allergies? (if yes, what is the severity and medication?)

_____
_____

Other medical conditions or chronic recurring illnesses?

_____
_____

Dietary modifications?

_____

Has your camper menstruated? YES NO If yes, is cycle normal? YES NO

If no, has she been educated in this area? YES NO

Name of Camper's Physician_____ Phone (_____)
_____

Date of last examination_____/_____/_____ (note: no physical is necessary for Pinecrest)

Is your camper's immunization history current? YES NO

Current
medications_____
_____
—

Any activities to be limited by physicians advice?

_____
_____

Are there family issues of which we should be aware?

_____
_____

Additional comments, hopes, concerns to share?

_____
_____
_____

I give my permission for my child's image (photograph) and name to be used in future Pinecrest \Presbytery of the Mid-South publicity. Parent/Guardian (signature and date)

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