



**RLCA CAMPER HEALTH FORM**  
**COMPLETE THIS FORM AND RETURN TO THE CAMP OFFICE**  
**This form is due three weeks prior to camp session.**  
**PLEASE PRINT ALL INFORMATION CLEARLY**

RLCA, PO Box 340, Vestaburg, MI 48891    www.rlca.org    989-268-5377    info@rlca.org

Camper's Full Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_\_\_ Camp Session(s) \_\_\_\_\_

Health Care Provider(s)	Name	Phone Number
Doctor		

May we contact your child's health care providers? ☐ Yes ☐ No

Is Camper covered by Health Insurance? ☐ Yes ☐ No *If yes, please complete below.*

Policy Holder's Name \_\_\_\_\_ Health Insurance ID # \_\_\_\_\_

Policy Holder's Birth Date \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Carrier's Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Claims Processing Address \_\_\_\_\_

Is Camper covered by a Prescription Plan? ☐ Yes ☐ No *If yes, please complete below.*

Plan Carrier \_\_\_\_\_ Plan # \_\_\_\_\_

**Physical Health History:** *Completion of this section helps us to accommodate your camper.*

Please check all that apply and provide comments at the end of the Physical Health History section.

<input type="checkbox"/> anorexia, bulimia	<input type="checkbox"/> asthma/shortness of breath/wheezing	<input type="checkbox"/> bed wetting	<input type="checkbox"/> head injury	<input type="checkbox"/> heart murmur
<input type="checkbox"/> hiv	<input type="checkbox"/> mono (in the last 12 months)	<input type="checkbox"/> orthodontic appliance	<input type="checkbox"/> seizures, convulsions	<input type="checkbox"/> skin problems (itching, rash)
<input type="checkbox"/> sleep walking	<input type="checkbox"/> other issue (please describe)			
<input type="checkbox"/> Camper has not had any of the above.				

Activities which camper should be exempted or limited for health reasons? ☐ Yes ☐ No *If yes, please describe below.*

Does camper have allergies? ☐ Yes ☐ No *If yes, give allergy, date of last reaction, and describe reaction & treatment.*

*If yes, will camper bring an EpiPen?* ☐ Yes ☐ No

Does camper have asthma? ☐ Yes ☐ No *If yes, describe any triggers and action plans. Will camper bring rescue inhaler?*

Does camper have diabetes? ☐ Yes ☐ No *If yes, give blood sugar range, last reaction date, and action plans.*

Does camper have any recurring or chronic health issues? ☐ Yes ☐ No *If yes, please describe below.*

**Physical Health History Continued:**

Has camper ever had an operation or a serious injury? ☐ Yes ☐ No *If yes, please describe below.*

Comments about your camper's Physical Health History:

**Mental, Emotional, and Social Health:** *Completion of this section helps us to accommodate your camper.*

Please check all that apply and provide comments at the end Mental, Emotional, and Social Health section.

<input type="checkbox"/> ADD or AD/HD	<input type="checkbox"/> Depression	<input type="checkbox"/> Disordered Eating	<input type="checkbox"/> Learning or Processing Challenge (disability)
<input type="checkbox"/> Obsessive-Compulsive Disorder	<input type="checkbox"/> Other Mental, Emotional, or Social Health Issue	<input type="checkbox"/> Panic, Anxiety Disorder	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Camper has not had any of the above.			

Has camper gone through any significant family changes? ☐ Yes ☐ No *If yes, please describe below.*

Are you concerned about your camper's ability to cope with homesickness? Yes ☐ No *If yes, please describe below.*

Comments about your camper's Mental, Emotional, and Social Health:

**Nutritional Profile:**

Besides food allergies previously listed, does camper have any dietary restrictions? ☐ Yes ☐ No *If yes, please describe.*

**Medications:**

Will camper take medications at RLCA? ☐ Yes ☐ No *If yes, complete chart below. Attach extra paper if necessary.*

Medication Ex: Advil PM	Dosage Ex: 2 x 100mg	Start Date	End Date	When is it administered? As Needed, Breakfast, Lunch, Dinner, Bedtime, Other

**Medications continued:**

Can camper be given the following medications at Rock Lake Christian Assembly?

Acetaminophen (Tylenol)

☐ Yes

☐ No

Diphenhydramine (Benadryl)

☐ Yes

☐ No

Ibuprofen (Advil)

☐ Yes

☐ No

Comments about your camper's Medications:

**Immunizations and Diseases:**

Are camper's immunizations up to date? ☐ Yes ☐ No Date of latest Tetanus Booster \_\_\_\_\_

Tuberculosis Test Date \_\_\_\_\_ ☐ Positive ☐ Negative ☐ Not Tested

Has camper had any of the following? *If yes, indicate the approximate date of last occurrence.*

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> German Measles	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> H1N1

Comments about your camper's Immunizations or Diseases:

**Tell us if we have overlooked anything about your camper's health.**

**PLEASE NOTE:**

- All medications and /or nutritional supplements (including herbals) **MUST BE IN ORIGINAL PACKAGING.**
- Medications **MUST** be accompanied by **PHYSICIAN'S INSTRUCTIONS.**
- All medications, supplements, and herbals **MUST BE TURNED INTO THE HEALTH OFFICER AT CHECK-IN.**

**I affirm that this health history is correct and complete to the best of my knowledge.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name Printed Clearly \_\_\_\_\_

**BESIDES MYSELF, THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP THIS CAMPER.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

***Health Forms must be completed three weeks prior to camp.***

***Campers for K/1<sup>st</sup> Grader & Parent Camp and Campers for Handi Camp will have additional forms to complete.***

**RLCA, PO Box 340, Vestaburg, MI 48891    [www.rlca.org](http://www.rlca.org)    989-268-5377    [info@rlca.org](mailto:info@rlca.org)**