



COAST
HILLS
CHURCH

Student Life Medical Information Form

Camp: _____

Student Name: _____

Parents Name: _____

Emergency Contact Daytime: Name: _____ No. _____

Evening: Name: _____ No. _____

List ALL Allergies: Drug _____ Food _____

Insect/Plant _____ Diet Restrictions _____

List any diagnosed illnesses or issues (physical, emotional, behavioral disorders and learning disabilities:

List ALL medications student will require while at camp and reason for taking medicine. (**Note: All medications, whether prescribed or over the counter, must be in original manufacturer's packaging and/or pharmaceutical approved packaging with pharmacy labels containing medicine name, student name, doctors name and dosage required. Medications not in appropriate packaging will be considered and handled as contraband*)

Is the student capable of self-medicating, or is staff support needed?

List any medical condition that could in any way hinder student involvement in camp activities.

Are student's immunizations, including tetanus shot, up to date? Yes _____ No _____