

**Health Form** for  
**North Central Presbytery Senior High - College Camp/Convo**

Name \_\_\_\_\_ Age \_\_\_\_\_

Are you taking any medications? If so, list them please \_\_\_\_\_

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

Do you have any allergies? If so, to what? \_\_\_\_\_

\_\_\_\_\_

List any health problems \_\_\_\_\_

\_\_\_\_\_

Any surgeries? \_\_\_\_\_

Last Tetanus shot \_\_\_\_\_

**Females - If you are pregnant, please inform the camp nurse. This information will be kept confidential.**

Physician's name and phone number \_\_\_\_\_

Dentist's name and phone number \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_

Emergency contact \_\_\_\_\_

How related? \_\_\_\_\_ Phone number \_\_\_\_\_

In case of emergency, I hereby give my permission to obtain medical treatment for the above-mentioned person

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Your signature (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Date of birth \_\_\_\_\_ Home phone \_\_\_\_\_