



Health & Medication Form



Cub Creek Science Camp

Fill out and return along with a Current Photo and a copy of Health Insurance Card by April 1st to Director@BearRiverRanch.com or mail to 16795 Hwy E, Rolla, MO 65401

Camper's Name: _____ **Birth Date:** _____ **Gender:** _____ **Age:** ____ **Cabin** (entered at camp) _____

Session(s) attending camp: 1 2 3 4 5-6 7-8 9-10

Address: _____ 1st Emergency Contact: _____ Relationship _____

City: _____ State: _____ Zip: _____ Emergency Phone #: _____

Phone: _____ 2nd Emergency Contact: _____ Relationship _____

Emergency Phone #: _____

*****A Current Picture and a copy of BOTH SIDES of your CURRENT HEALTH INSURANCE CARD is REQUIRED for attendance to camp*****

IMMUNIZATION HISTORY: ____ **YES** Camper is up to date on immunizations ____ **NO** Camper does not have some or all Immunizations
Please attach an Immunization Record to this form

ALLERGIES: This Camper is Allergic to ____ Food ____ Medication ____ Environment (hay fever, stings bug bites etc.) ____ Animals (dander, hair etc...)

Please Describe the Allergen and the reaction: _____

DIET/NUTRITION: Is this camper on a special diet? ____Vegetarian ____Vegan ____Gluten free ____Diabetic ____Other? Please describe any diet restrictions _____

ACTIVITY/EXERCISE: Please list any specific activity this camper is restricted from _____

OTHER HEALTH CONCERNS: Please list any other Health concerns such as Diabetes, Epilepsy, Bleeding Disorder, Heart Problems Etc.

MENTAL, EMOTIONAL, and SOCIAL HEALTH: Will your child require support with any of the following issues?

Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD) ____YES ____NO

Mental, Emotional or Behavior Difficulties, or an Eating Disorder ____YES ____NO

Had a significant Life Event That Continues to Affect the Campers Life? ____YES ____NO

Please Explain "YES" answers in the space below (Camp may contact you for further information or clarification)

PLEASE FILL OUT THE BACK OF THIS FORM!

