

Indian Hills Camp
Health History Form (please print)

Name _____ Birthday: ____/____/____ M F Age: _____
Parent or Guardian Name _____
Home Address: Street _____ City _____ St _____ Zip _____
Cell # _____ Home # _____ Work # _____

Current Health Conditions

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> ADHD | <input type="checkbox"/> Environmental Allergies _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Food Allergies _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Medication Allergies _____ |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Other _____ | |

Medical Insurance

Family Health Insurance Carrier _____ Policy # _____
Doctor _____ Phone (____) _____
You will need to provide IHC with a photocopy of your health insurance card for our files.

Medical Concerns/Health History

IMPORTANT: The State of California requires that every camper submit the following immunization information (date/year):
DTaP: (tetanus) ____/____ MMR: ____/____ Hep B ____/____ Varicella ____/____
Current Medications _____
Diet Restrictions _____ Current Illness/Injury _____
Activity Restrictions _____ Health Related Concerns _____
Other _____

My child may be given over the counter medications (such as Tylenol or Robitussin): Yes No Please call first
Exception: _____

If not available, in a case of emergency, please notify:

Name _____	Hm # (____) _____	Wk # (____) _____	Cell # (____) _____
Name _____	Hm # (____) _____	Wk # (____) _____	Cell # (____) _____

If under 18 years of age, this form must be signed by a parent or legal guardian for attendance.

Authorization for Treatment

I, _____, (hereinafter "camper"), who was born on _____.

I will be attending and participating in activities at Shiloah Springs Bible Retreat, Inc. d/b/a "Indian Hills Camp" (hereinafter "Indian Hills Camp") located at: 15763 Lyons Valley Rd. Jamul, CA 91935, in the County of San Diego.

I hereby authorize the officers, agents, servants, or employees that are 18 years of age or older of Indian Hills Camp, who supervise the activities at Indian Hills Camp, to consent to medical care or dental care, or both, for myself under Sections 6901, 6902, and 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act.

I further authorize the officers, agents, servants, or employees that are 18 years of age or older of Indian Hills Camp, who supervise the activities at Indian Hills Camp to receive physical custody of my child, under Section 1283(a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the officers, agents, servants, or employees that are 18 years of age or older of Indian Hills Camp who supervise the activities at Indian Hills Camp.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

SIGNATURE (* If under 18 years old must be a parent/guardian)

Date