

**TWIN LAKES 4-H CAMPER HEALTH CERTIFICATE-2007**  
**(This form to stay with nurse during camp period)**

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

Business Phone: Dad \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**CAMPERS HEALTH CERTIFICATE**  
**(To be completed by parent or guardian)**

<b>NOTE: If you answer yes to any of the 6 items, please explain</b>	<b>Yes</b>	<b>No</b>
Has your child had any recent exposure to communicable disease?		
Does your child have any contagious skin disease?		
Any allergies to bee stings, medication, other?		
Does he/she have a hernia, rupture or recurring disease such as rheumatic fever?		
Any chronic conditions: asthma, epilepsy, other?		
Is your child currently taking any medication? **		

Explanation if yes to any of above \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* If you want your child to keep medication with them, (inhaler, epi kit, etc) please provide written doctor's orders indicating such.

<b>PERMISSION FOR NURSE TO GIVE</b>	<b>Yes</b>	<b>No</b>
<b>Tylenol</b> (Acetaminophen)		
<b>Ibuprofen</b> (Anti-Inflammatory)		
<b>Antihistamines</b> (Benadryl)		
<b>Decongestant</b> (Sudafed)		
<b>Cough Drops</b>		
<b>Benadryl Cream, Hydrocortisone 1% for Bee Stings and Rashes</b>		

Date of last tetanus immunization: \_\_\_\_\_

**In the event of a medical emergency: Camp Coordinator will call 911 and then the Parent or Guardian.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TWIN LAKES 4-H CAMPER  
MEDICAL CARE & TREATMENT FORM - 2007  
(This form to stay with nurse during camp period)**

I, \_\_\_\_\_ (Parent or Guardian) authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for \_\_\_\_\_ (child's name) if I cannot be reached in the case of an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TWIN LAKES 4-H CAMPER  
WAIVER/RELEASE FORM - 2007**

I also **hereby waive** and forever discharge claims for damages which the above listed individual, their heirs, executors and administrators may have or accrue against Washington State University/Kitsap County Cooperative Extension, their representatives, agents and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities during the periods of July 01, 2006 through August 3, 2006.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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