



Please include a photocopy of the front and back of your insurance card.

# Core Challenge Health Form

A completed and signed Health Form is required for your participation at Core Challenge.

Please FULLY and NEATLY complete this form. Remember to have your parents sign the authorization if under 18. Mail form to Victory Valley Camp at 7472 Sigmund Rd, Zionsville, PA 18092.

Please include a photocopy of the front and back of your insurance card.

Participant' Name: \_\_\_\_\_

Sex: Male or Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### HEALTH INFORMATION

**Medications:** Please send all medications in a **current prescription bottle**. Medications should be placed in a zip lock bag labeled with name, type of medication, and directions for dosage.

Family Doctor: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Dentist/Ortho.: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Do you have any special needs that we should anticipate? (For example: ADHD, allergies, special diet, physical, mental or behavioral challenges, etc.)

Yes  No If so, please describe:

I may have Tylenol or Ibuprofen - Yes or No

My immunizations are up to date - Yes or No

Date of last tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

### CONTACT INFORMATION

Home #: (\_\_\_\_) \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Cell/Pager #: (\_\_\_\_) \_\_\_\_\_

Cell/Pager #: (\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_

Emergency Contacts if parent is unable to be reached

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

### Authorization

To my knowledge, the information on this form is correct and my child has my permission to engage in all camp activities except as noted. In the event that I cannot be reached in an emergency, I give my permission to the medical professionals selected by the Camp Director to hospitalize, secure proper treatment for, and order injections, anesthesia, surgery or other necessary procedures for my child. I understand I am responsible for the cost of any such medical treatment, whether I have insurance coverage on my child or not. I grant permission for camp staff to dispense any prescription medications which I send with my child, as well as over-the-counter medications as needed. I also grant permission for my child's picture to be used in camp promotional materials.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_