



Upper Missouri Ministries Health Form

Please print clearly, and use a separate form for each camper. The information requested is to help us provide appropriate care

Camp Attending: _____ Dates: _____

Camper Information:

Camper Name _____ Birth Date _____ Gender _____

Address _____ City _____ State _____ Zip _____

Church Attending _____ City _____

Email _____ Phone: _____

Emergency Contact:

Contact Name _____ Relationship _____

Home Phone: _____ Cell _____ Work Phone _____

Health History:

Dietary Restrictions _____

Allergies _____

Restriction to Activities _____

Any suggestions that may help your time at UMM be more comfortable? (fears, anxieties, etc.)

Insurance Information:Insurance Company _____Policy Number _____Policy Holder _____Family Doctor _____Phone _____

This health history is correct and complete as far as I know, and my child/camper has permission to participate in ALL aspects of the program at Upper Missouri Ministries except as noted. I understand that every effort will be made to contact me if my child/camper needs emergency treatment. This includes medical or surgical treatment if it is so needed, I hereby give my permission to secure proper treatment, to hospitalize, do routine tests, order injection, anesthesia, x-ray, or surgery: to release any records for insurance purposes: and to provide or arrange related transportation for me/or my child/camper as named above. I understand that my insurance has primary coverage and Upper Missouri Ministries is secondary for injury.

This complete form may be photocopied for trips out of the camp.

I give permission for any picture taken of myself to be used for promotional purposes.

Participant Signature _____

Date _____