



**ALLERGIES:** \_\_\_\_\_

**IMMUNIZATION RECORD**

**VACCINES**

**Does camper have current vaccines?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Tetanus** YES \_\_\_\_\_ DATE \_\_\_\_\_

**Important:** Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp.

The camper named has permission to participate in all prescribed camp activities except as noted below.

Exceptions (if any): \_\_\_\_\_

I give permission for Camp Tamarack personnel to administer the following non-prescription medication to the camper as needed. Dosage will be based on age and weight. Please cross out any items, which are not acceptable.

**Acetaminophen or Ibuprofen**  
**Antibiotic ointment**

**Sore throat lozenges**  
**Benadryl topical ointment**  
**Benadryl oral**

**Calamine lotion**  
**Anti-Itch ointment**

I also give permission to the physician selected by the camp to order x-rays, routine tests and treatment for the health of the above named camper. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the above named camper.

I understand that the camp does not carry health/accident insurance and I accept responsibility for the cost of any medical care provided whether or not it is covered by my family medical/hospital insurance.

Person picking up camper is: \_\_\_\_\_

Person/persons who cannot pick up camper: \_\_\_\_\_

*I also give my permission for the use of pictures including above camper to be used in promotional camping displays and brochures, without monetary reimbursement.*

**I certify that the information in this Health History is correct.**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date** \_\_\_\_\_

**American Baptist Churches of Wisconsin**  
15330 Watertown Plank Rd.  
Elm Grove, WI 53122-2391  
262/782-3140 800/311-3140