

# SOL Bible Camp

## Health Form

(These items are required by the State of New York Dept of Health)

1. Are you allergic to any medications or food?

Circle one: Yes No

If yes, please list the food and medications you are allergic to:

2. Do you have any medical conditions we should know about?

Circle one: Yes No

If yes, please describe:

3. Have you received the Covid-19 vaccination?

4. Immunization record: (Please list dates of vaccination)

A. Diphtheria

F. Poliomyelitis

B. Haemophilus Influenza Type B

G. Rubella

C. Hepatitis B

H. Tetanus

D. Measles

I. Varicella (Chicken pox)

E. Mumps

\* No camper will be prevented from attending due to lack of immunization.

### **Parent or Guardian's ( or Camper if 18 years of age or older) Agreement and Medical Release**

I agree to have my son attend camp and I authorize camp personnel to administer first aid as necessary or to take camper to the hospital emergency room (in case parents are not available) for such treatment as is deemed necessary. I will assume full responsibility for any medical bills that might result.

Signature of Parent or Guardian:

Date of Parent/Guardian Signature: