
Camper Name: LAST, FIRST (Please print)

please print which session you will attend

Medical information update form

Parents/Guardians with legal custody and adult participants: To ensure health and safety, medical information must be provided for the participant to attend Heartland Conference UCC events. It is essential for the camp to have all participants' current health information, in order to be able to ensure the safety and well-being of campers during their time at camp. **Please let us know if anything has changed since registering for camp and filling out your camper's medical information. Please contact us at summer.camp@heartlanducc.org if there are changes in allergies or food intolerance or other health situations that require advanced preparation. Otherwise, please return this when dropping your camper off during check in.**

General information change?

Has there been any change in your campers' custodial care, address, or gender? If yes, please list all new information below or add additional page if necessary.

Contact change?

Has there been a change in parent contact information, emergency contact information, expected pick up from camp, or person who may try to pick up your child that does should not? Please list details below:

Allergies and Dietary Restrictions Change?

Has there been any change in your campers' allergies or dietary restrictions? Please contact us ahead of camp as soon as possible so that we may prepare appropriately for your child. Contact summer.camp@heartlanducc.org or call Jill Frey, Executive Director of Outdoor Ministries at 1-800-282-0740, ext. 3. Please explain below:

Medications and Treatments change? Please fill this section out if there has been any change.

Will the camper require any treatments or be taking any medications, prescription or over the counter, while at camp?

Medicine must be brought to camp in its original packaging. Prescriptions must have the physicians order on the bottle in the camper's name and be current and not expired. Parents' directions must match the label. Please attach an additional sheet if needed.

Medication/Treatment Name	Dose	Schedule Times taken each day (circle below)	Details: Please explain the reason for the medication and any notes on giving this medication to the camper.
		Breakfast Lunch Snack Dinner Before Bed As Needed	
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If your child has Asthma, please complete the separate "Request for additional information about your child's Asthma" and return with this form prior to your camp session so that we can prepare for their arrival.

Over the Counter Medication

The following non-prescription medications are stocked in Junior and Adult forms by the camp and are used on an as-needed basis to manage illness and injury. May the following medications be given to the camper while at camp?

Medication Name	Allowed?	Medication Name	Allowed?
Acetaminophen (Tylenol)	Yes No	Generic cough drops	Yes No
Antihistamines/allergy medicine	Yes No	Hydrocortisone cream	Yes No
Calamine Lotion	Yes No	Ibuprofen (Advil)	Yes No
Calcium carbonate (Tums)	Yes No	Triple Antibiotic Ointment	Yes No

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to the camper

Does the camper regularly take any medications that will not be taken at camp? If so, please explain what medications are taken and why.

 Camper Name (Last, First)

Immunizations: Please fill out this section if there has been change or if you didn't have the information when initially filling out the form.

☐ I attest that all immunizations required for school are up to date.

If the camper has not been fully immunized as required by school, please contact the Heartland Conference UCC office for an immunization exemption form.

When was the month and year of your camper's tetanus shot or booster (dT or Tdap)? (MM/DD/YYYY) _____

Has the camper received a vaccine for Covid-19? _____ (if yes, please bring card)

If yes, please list brand and date(s) _____

Health History Changes

Has there been any change in medical/psychological conditions that the camper has experienced, or is currently experiencing? Please include any recent hospitalization, surgeries. Be sure to fully explain any conditions, including how this will effect camp participation and what staff should watch for, using a separate sheet, if required.

Disease History change?

Since filling out the health form has the camper had or currently has any of the following diseases?

Disease

Chicken Pox (Varciella)	Yes No	Mumps	Yes No	Covid-19	Yes No
Hepatitis A/B/C	Yes No	Rheumatic Fever	Yes No		
Measles (German or Red)	Yes No	Scarlet Fever	Yes No		
Mono (past 1 year)	Yes No	Whooping Cough	Yes No		

Please fully explain any disease(s) marked yes above, use additional sheet if necessary.

Camper Name (Last, First)

Has the camper been exposed to any infections or communicable diseases within the last 3 months? If so, explain the diseases and when the exposure occurred.

Does the camper have any restrictions on activity? If so, please explain what activities must be restricted, and list any special accommodations that should be made.

Will the camper require any special assistance while at camp? If so, please explain what assistance will be required.

Is there anything you would like to discuss with the camp medical staff? If so, please explain.

Please describe any other physical, mental, emotional, social, health, developmental, or psychological conditions requiring consideration and attach on separate sheet as needed.

Doctor Information Change?

Camper's Primary Care Doctor _____ Phone _____

Camper's Dentist _____ Phone _____

Health Insurance change?

Please bring a COPY OF THE FRONT AND BACK SIDE OF YOUR INSURANCE CARD(S) to camp.

Authorization

By registering for Heartland Conference Camp to be held at Templed Hills Camp, the undersigned "I" (whether one or more) jointly and severally state and **agree as follows:**

The information on this form is correct and complete so far as I know. Without in any way limiting the extent or scope of the following, I agree to promptly notify the Conference of any new needs, conditions, restrictions, or other information of or affecting any of the above-named participants' involvement in the Camp or any of its activities, events, leadership, programs, staffing, and supervision and to withdraw participant from any of the same that participant is or should be restricted or prohibited from engaging in. Such needs, conditions, and restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, limitations, or needs (such as, without limitation, any physical, emotional, or mental conditions or illnesses). **I also agree to notify Conference promptly upon any change** to any of the same or any of the above contact information.

Printed name of Custodial parent/guardian or adult camper _____

Custodial parent/guardian or adult camper **signature** _____ Date signed _____

PLEASE RETURN THIS COMPLETED FORM AT CAMP CHECK IN . Please scan and email to summer.camp@heartlanducc.org or call 1800-282-0740 ext. 3 if new preparations are required, such as food allergy/intolerance changes, or other special needs.

Camper Name (Last, First)