



# IMPACT 2818: Outdoor Ministries

of the United Methodist Churches of Indiana



Pine Creek Camp  
2218 E. 700 N.  
Pine Village, IN 47975  
Phone: (765) 385-2260  
Fax: (317) 333-6603  
Email: pc@impact2818.org

## Family Camp Medical Form 2022    Event start date: \_\_\_\_\_

**We encourage you to complete this medical form online instead of on paper.** If you've shared your email address with us in the past, then you already have an online account. Simply go to [Impact2818.org/myaccount](https://impact2818.org/myaccount), enter your email address, and click 'Forgot Password.' Or call (888) 628-2818 for assistance.

If you need to complete the medical form on paper, make sure both sides of this form are completed and returned to the address above as soon as possible, and not later than two weeks prior to the start of the event. Any medical forms not returned by 2 weeks before the event begins must be completed online.

**Remember, upon registration you agreed to assess yourself/child/household for symptoms of COVID-19 for the 14 day period before arrival at camp. For a list of symptoms, please visit [cdc.gov/covid-19](https://cdc.gov/covid-19).**

### Family's Insurance Information:

Are the campers covered by family medical/hospital insurance?    Yes    No  
Policy holder's name: \_\_\_\_\_    Employer's name: \_\_\_\_\_  
Relationship to campers: \_\_\_\_\_    Insurance provider: \_\_\_\_\_  
Group #: \_\_\_\_\_    Policy #: \_\_\_\_\_

### Alternate Emergency Contact:

Name: \_\_\_\_\_    Relationship to family: \_\_\_\_\_  
Phone number: C H W (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_    Phone number: C H W (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

### Camper #1's Medical Information:

Camper's name: \_\_\_\_\_    Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Allergies: \_\_\_\_\_    Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
Will the camper have any medications?    Yes    No (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

### Camper #2's Medical Information:

Camper's name: \_\_\_\_\_    Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Allergies: \_\_\_\_\_    Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
Will the camper have any medications?    Yes    No (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_



**Camper #3's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

**Camper #4's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

**Camper #5's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_



**Camper #6's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

**Camper #7's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

**Camper #8's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_



**Camper #9's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

**Camper #10's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_

**Camper #11's Medical Information:**

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 History of:    ADD/ADHD    Asthma    Autism    Bedwetting    Diabetes    Seizures  
 Will the camper have any medications?    Yes    No    (If yes, list all medications below - additional on back):

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet</i>	<i>5mg</i>	<i>Breakfast</i>	

Other medical information that will help us best serve the camper? \_\_\_\_\_