

Please fill out form completely and mail with your payment to:
Twin Lakes Christian Center
7718 Twin Lakes Road
Manson, IA 50563

TLCC Camper Health Form

Camper's Name _____ Male() Female()
Grade(going into)_____ Date of Birth: _____
Street Address _____
City _____ State _____ Zip Code _____
Email _____
Home # _____ Work # _____
Mom's Cell # _____ Dad's Cell # _____
Emergency Contact Name _____
Relationship to camper _____
Home # _____ Work # _____
Second emergency contact name & # _____
Insurance Company _____
Policy # _____
Camper's Doctor _____ Doctor's Phone _____
Known Allergies _____
Special diet: _____
Known Diseases or Conditions: _____
Special Conditions: Reactions to drugs ___ Sleepwalking ___
Bedwetting ___ Epilepsy ___ Fainting ___ Other _____
Medications currently used or prescribed _____

(Please put all medications in plastic bag, label with camper's
name and directions for usage.)

ALL meds need to be turned into the medic/nurse at registration

IMMUNIZATION RECORD	Tetanus	Diphtheria	Polio	Whooping Cough	Measles	Rubella
Date of latest inoculation: /	/	/	/	/	/	/

I hereby give permission for agents of Twin Lakes Christian Center to seek emergency medical and surgical treatment and routine non-surgical medical care for my child while under camp care (including acetaminophen, ibuprofen, and prescription drugs). I understand that I will be contacted in case of emergency and have provided accurate contact information.

Parent or Legal Guardian Signed _____
Print Name _____ Date _____

Questions? Call 712-297-7714, fax: 712-297-7755
or email: info@twinlakescc.com