

Camp Alva

Health Form

Northwestern State Oklahoma University
709 Oklahoma Blvd., Alva, OK 73717
Phone: (580) 327-1700

Date of camp: _____
Church _____ Phone# _____
Address _____
City _____ State _____ Zip _____
Dorm and floor at Camp Alva _____

Camper's name: _____ **D.O.B.** ___/___/___ **Sex:** ___ M ___ F
Address: _____ **City** _____ **State** _____ **Zip** _____
S.S.#: ___/___/___ **CDIB #** _____ (Please, send photo copy)
Home Phone# : _____ **Parent/Guardian name:** _____
Relationship _____
Emergency Phone#: _____ **Emergency Contact Person:** _____
Relationship _____

Health Information

Allergies: ___ No ___ Yes If yes, list what you are allergic to: _____
Medicine(s) you are presently taking: _____
Date of last tetanus shot: _____ **Are you current on all your shots:** ___ Yes ___ No
Are there any special conditions/health problems about that we should be aware of: ___ Yes ___ No
If yes, please explain: (use the back of this paper if necessary) _____

Your physician's name: _____ **Office Phone#** _____

Permission to receive medical help for camper if needed.

I/we _____, parent/guardian of the above named camper, hereby give consent to provide this camper with emergency care, and/or hospitalization for any accident or illness which occurs while attending Camp Alva at NWOSU, and also give permission to transport camper to and from localities where such health service are provided.

Signed: _____ **Relationship:** _____ **Date:** ___/___/___

Statement: (must be signed by parent/guardian and camper)

We have read or have had read to us the Camp Alva at NWOSU guidelines, rules and regulations. We agree that the above named camper will follow these rules while camping at Camp Alva at NWOSU. The Oklahoma State FWB C.E. Board and its associates are not responsible for any accident or injuries or medical treatment received while at Camp Alva at NWOSU.

Signed: _____ **Date:** ___/___/___
Parent/Guardian

Signed: _____ **Date:** ___/___/___
Camper