

MAIL FORM

Darnall Gun Works & Ranges
C/O: Alison Darnall
POB 298
Danvers, IL. 61732

Camper Health History Form

NRA YOUTH SHOOTING CAMP 2022

July 7 - July 10, 2022

PLEASE FILL OUT ENTIRE FORM

HEALTH HISTORY

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Home Ph# () _____ - _____ Cell Ph# () _____ - _____

Health Insurance: Company Name: _____

Policy # _____ **Group/Member #:** _____

Family Physician's Name: _____ **Physician's Ph#:** _____

DOES THE CAMPER HAVE ANY OF THE FOLLOWING:

Asthma _____ Fainting Spells _____ Seizures _____ Other: _____

Allergy or reaction to any food, medication, insect toxin, etc.? _____

Specify: _____

Does the camper have any conditions requiring medication ? If yes explain below:

LIST MEDICATIONS:

LIST DOSAGE AMOUNTS:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

MEDICATION BROUGHT TO CAMP MUST BE LEFT WITH THE MEDICAL PERSON AT CHECK IN!

PARENTIAL AUTHORIZATION: This Health History is Correct To The Best of My Knowledge , and the person described has permission to engage in all prescribed activities except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the leader in charge, to hospitalize, secure proper anesthesia or to order injection or surgery for my son/daughter.

Parent Signature: _____ **Date:** _____