

# HEALTH FORM DRY CREEK BAPTIST CAMP

for office use: Dorm # \_\_\_\_\_

Please do not mail this form. Turn it in at registration.

file:c:\med form 2016.word-elmo 1-27-2016

Camper's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Grade Completed This Year \_\_\_\_\_ Sex \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Telephone: best (\_\_\_\_) \_\_\_\_\_  
work(\_\_\_\_) \_\_\_\_\_

Name of camper's physician \_\_\_\_\_  
Address \_\_\_\_\_

Telephone(\_\_\_\_) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Camper's Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

## Emergency Contacts/Authorized Check-out Persons

Please provide emergency contacts in the order of who should be contacted first. We encourage you to list at least four, but only two are required. Only the persons listed will be allowed to check out the camper for illness or other reasons. All camping adults must provide two emergency contacts.

Name _____	Relationship _____	Phone(____) _____
Name _____	Relationship _____	Phone(____) _____
Name _____	Relationship _____	Phone(____) _____
Name _____	Relationship _____	Phone(____) _____

## General Health and Medical History

- List any chronic or long-term illness: \_\_\_\_\_
- Serious injuries or surgeries: \_\_\_\_\_
- Known allergies: foods \_\_\_\_\_ drugs \_\_\_\_\_ plants \_\_\_\_\_  
animals \_\_\_\_\_ other \_\_\_\_\_  
Explain reaction and indicate medication used or other action to be taken: \_\_\_\_\_
- Does camper have any activity restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_
- Explain any other physical/medical conditions that we should be aware of: \_\_\_\_\_

## Medication

Is camper bringing medication to camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all medications on back of this form. **Prescription medication must be in a pharmacy container with patient's name and the dosage instructions on it.** If dosage instructions are different, please note and sign your name. Please include mailing address with medication and send only the amount needed for camp.

**Give all medication to the Camp Nurse during registration. She will administer all medication during camp.**

## MEDICAL RELEASE

In the event that I cannot be reached in an emergency, I hereby give permission to the physicians selected by the camp officials or camp nurse to provide necessary emergency medical or surgical treatment.

## OFF-SITE TRAVEL PERMISSION

I give my permission for my child to be transported off of the main campground to participate in programmed activities such as canoeing, hiking, mission work, etc.

## PHOTOGRAPHY WAIVER

I give permission and consent for my child to participate in all activities, and to allow photographs, video, live-stream, and recorded interviews to be taken during the camp session. I further give permission and consent for any such media to be published and used to illustrate, report, promote, and advertise the camp. Use of any such media may include, but is not limited to use on websites, catalogues, flyers, and general promotional materials.

Signed \_\_\_\_\_ parent/guardian Date \_\_\_\_\_