

BLBC—Youth Group Camper Health Form

Church Name _____

Only complete this form if your camper is attending camp with his or her church group.

Name _____ Birth date ____ / ____ / ____ Age ____ Male Female Grade ____

Permanent Address _____ City _____ State _____ Zip _____

Emergency Contacts - at least two, list parent(s) first

Name _____ Relationship _____ Phone () _____

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Insurance Policy _____ Policy # _____ Group # _____

(Black Lake Bible Camp is a secondary insurance provider only.)

Doctor's Name _____ Phone () _____ Tetanus booster current? yes no

Does the camper have any allergies? yes no If yes, specify: _____

Specify any additional dietary restrictions _____

With advance notice, we can provide: Gluten Free, Dairy/Lactose Free, OR Vegetarian/Vegan meals (but only one of those options at a time). Our menu can also be modified to exclude such common allergens as tree-nuts, peanuts, and shellfish.

Cross off any medications the camper may not be given: (please send a supply if you anticipate a need, see below)

Tylenol Motrin Benadryl Tums Cough Suppressant Throat Spray Cold Medicine

Will this camper be bringing any medications? yes no (If yes, we will need a medication information report.)

All medications (over-the-counter & prescription) must be in their original containers and all must be turned into the nurse.

(The nurse may allow a camper to carry his or her inhaler or EpiPen.) Put all medications into a Ziploc bag labeled with the child's name & date of birth.

Check if any of the following have been a health problem and explain:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> frequent colds, sore throat or ear aches | <input type="checkbox"/> bed wetting or sleepwalking | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> heart, kidney or lung trouble | <input type="checkbox"/> fainting | <input type="checkbox"/> asthma |

Behavioral Concerns _____

Activity Restrictions _____

MEDIA RELEASE: Attendance at Black Lake Bible camp grants the camp permission to use comments, images, and/or recordings of this camper in its camp promotional materials (including highlight videos).

IN CASE OF INJURY OR ILLNESS, "I hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary by the camp for the welfare of said minor (or self, if 18 or older). I understand every effort will be made to notify an emergency contact listed above. I acknowledge that I have read this form completely & understand the camp's policies."

Parent/Guardian Signature (self, if 18 or older) _____ **Date** _____

Medication Administration Report

Parents, complete this section only:	
Camper Name	Birth date
Medication Name:	
Dosage:	
Administration Time(s)/Instructions:	
Medication Name:	
Dosage:	
Administration Time(s)/Instructions:	
Medication Name:	
Dosage:	
Administration Time(s)/Instructions:	
Medication Name:	
Dosage:	
Administration Time(s)/Instructions:	

Camp nurse use only:								
Camp dates	Camp/Youth Group						Counselor/Cabin	
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:
Breakfast								
Lunch								
Dinner								
Evening								
Other								
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:
Breakfast								
Lunch								
Dinner								
Evening								
Other								
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:
Breakfast								
Lunch								
Dinner								
Evening								
Other								
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:
Breakfast								
Lunch								
Dinner								
Evening								
Other								

Nurse Initials:

Key: 1, 2, etc. number given **D** did not report **N** nausea or vomiting **SO** signed out

Activity Opt Out Form



Parents/guardians may use this form to not allow participation in specific camp activities. For team or camp-wide events, campers may still be near an activity, but will not be allowed to participate. (Paintball is no longer offered at BLBC.)

Parent/Guardian Section

Check the activities the below named camper may NOT participate in at BLBC:

- Archery tag
- Climbing Wall
- Other _____

Print Parent/Guardian Name

Relationship

Parent/Guardian Name Signature

Date Signed

Camper Section

- I understand what my parent/guardian has selected above, and agree to obey and respect their instructions.

Camper Name

Date of Birth

Camper Signature

Date Signed