

# 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 (    ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (    ) \_\_\_\_\_

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** \_\_\_\_\_