

2020 Bethel Bible Camp Medical Form

Last _____

First _____

Office
use

<p>Camper Name _____</p> <p>Birthdate _____</p> <p><u>Contact Information</u></p> <p>Parent/Guardian (Print) _____</p> <p>Relationship to Camper _____</p> <p>Phone #(____) _____</p> <p>Phone #(____) _____</p> <p>The camp first-aid staff has permission to give my child over the counter medication as needed. (i.e. Tylenol, ibuprofen, Benadryl, etc.). Circle one: YES NO</p> <p>Please list any medications you do not want camp medical staff to give your child.</p>	<p><u>Physician & Insurance Info</u></p> <p>Doctor's Name _____</p> <p>Phone # _____</p> <p>Health Insurance _____</p> <p>Provider _____</p> <p>Policy Holder _____</p> <p>Group/Policy# _____</p> <p>Preferred Hospital _____</p> <p><u>Medication</u></p> <p>All medications (Rx and "over-the-counter") must be turned in at registration. List all prescription and over-the-counter medications that will be used at camp.</p> <p>_____</p> <p>Dose _____</p> <p>_____</p> <p>Dose _____</p> <p>_____</p> <p>Dose _____</p> <p>_____</p> <p>Dose _____</p> <p>_____</p> <p>(Please list additional medications on back)</p>	<p><u>Health History</u></p> <p><i>Health and medical information needs to be made known to the camp. Camp staff will hold this information in confidence. If space is insufficient, please use the back of this form.</i></p> <p>Last Tetanus booster ___/___/___</p> <p>Allergies? _____</p> <p>_____</p> <p>Severe reactions to food, bee stings, etc? _____</p> <p>Any restrictions of activity due to disability or medical reason? Y () N () _____</p> <p>Any special diet needs? Y () N () _____</p> <p>_____</p> <p>Any other medical conditions the camp staff should be aware of? Y () N () _____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Emergency and Liability Release</u></p>		

The health information recorded on this form is correct as far as I know, and the person described above has permission to engage in all camp activities except as noted. I recognize the inherent risk of injury in camp activities including, but not limited to, swimming, sports, group games, playground, games room, gaga ball, and hiking. I understand that Bethel Bible Camp has taken safety measures, including having staff certified in CPR and First-Aid. Making an effort to aid in the safety of all camp staff and campers. However, I recognize that Bethel Bible Camp cannot ensure or guarantee the participants, equipment, grounds, and/or activities will be free from accident or injuries. I am aware of (or instructed my minor child) the importance of knowing and abiding by the camp rules and regulations, and I voluntarily waive any liability claim against Bethel Bible Conference and camp personnel for damages, attorney fees, or expenses arising out of, or in connection with, any activities of the above organization. I understand transportation to and from camp is the responsibility of myself or my minor child, and not of Bethel Bible Camp.

As Parent or Guardian of this camper, I authorize any required medical care deemed necessary during camp.

X _____

***Parent/Guardian Signature* Date**

MAIL FORMS AND FEES TO: Bethel Bible Camp PO BOX 40, Wellfleet, NE 69170