

# CAMP/RETREAT MEDICAL FORM

TO BE COMPLETED BY ALL ADULT PARTICIPANTS AND THE PARENT/GUARDIAN OF ALL UNDERAGE PARTICIPANTS.

NAME _____				DATE OF EVENT _____			
BIRTH DATE _____		AGE _____	SEX (M/F) _____	GRADE _____			
PARENT/GUARDIAN _____				HOME & WORK PHONE ( ____ ) _____ / ( ____ ) _____			
ADDRESS _____			CITY _____		STATE _____	ZIP _____	
IN AN EMERGENCY NOTIFY _____						RELATION _____	
HOME PHONE ( ____ ) _____		WORK PHONE ( ____ ) _____		EMAIL _____			
CHURCH _____				CHURCH PHONE ( ____ ) _____			

**HEALTH HISTORY:** (Check as applicable, giving approximate dates)

Frequent Colds		Stomach Upsets		Chickenpox		Sinusitis		Kidney Trouble	
Measles		Ear Infection		Heart Trouble		German Measles		Bronchitis	
Diabetes		Fainting		Tuberculosis		Whooping Cough		Rheumatic Fever	
Convulsions		Epilepsy		Mumps					

Operations or Serious Injuries (list): \_\_\_\_\_

**ALLERGIC REACTIONS:** BEE STING \_\_\_\_\_ PENICILLIN \_\_\_\_\_ OTHER DRUGS \_\_\_\_\_

SERIOUS IVY / OAK OR SUMAC POISONING: \_\_\_\_\_

Details of above or additional information: \_\_\_\_\_

**IN CASE OF MEDICAL EMERGENCY,** I understand every effort will be made to contact parents/guardian of campers. In the event I cannot be reached, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. The camp provides accident medical coverage. This insurance is secondary to your, or your child's primary coverage, therefore, please provide your insurance carrier and the policy number. *Please attach a copy of your insurance card to this form.*

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**PHOTOGRAPHY:** Group and individual photos/video will be taken during camp. These may be used for promotional purposes and be displayed in the *Ohio Baptist Messenger*, Camp Facebook Page and SCBO website. **If you DO NOT wish for your child's photo/video to be printed or appear online, please initial this box.** To ensure this request is honored, please attach a photo to this form.



**MEDICATIONS FOR:** \_\_\_\_\_  
*Name*

For the safety of all concerned, it is the policy of Seneca Lake Baptist Assembly that ALL medication, other than special cases, be held and distributed through the First Aid Station by the nursing staff.

Over-the-counter medications are available in the First Aid Station. **ONLY** prescription medications need to be sent to camp. Medications must be brought to camp in the original container, with the correct dose, correct schedule, and correct person's name on the label.

Please list the name of the medication and the dose schedule below:

MEDICATIONS	DOSAGE	TIMES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please do not write below this line: \_\_\_\_\_