

Please print:

Camper's name: \_\_\_\_\_

Circle one: Male or Female

Date of birth: \_\_\_\_\_

Week of camp: \_\_\_\_\_

**(For nurse to fill out.)**

**Cabin:**

**Counselor:**

**EASTERN MONTANA BIBLE CAMP HEALTH AGREEMENT**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Your Insurance Carrier Policy/Group # \_\_\_\_\_

How may you be contacted in case of an emergency? \_\_\_\_\_

Person to contact if family can't be contacted: \_\_\_\_\_ Phone \_\_\_\_\_

Person(s) other than named above, to whom the camp may release the child upon request.

\_\_\_\_\_

Does your child have any known allergic reactions (include food, medicine, plants, insects)?

\_\_\_\_\_

Does your child have any illnesses requiring medication? \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Prescribed by \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Prescribed by \_\_\_\_\_

**\*All medicines must be sent with the camper and be reported and checked in with the camp nurse\***

**\*If your child is taking behavior modification medicine, please continue medication through camp\***

Does your child wear Medic-Alert Tags? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Is your child subject to: (Answer yes or no) \_\_\_\_\_ Abdominal Pain \_\_\_\_\_ Ear or Sinus Trouble

\_\_\_\_\_ Heart Trouble \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Nose Bleeds \_\_\_\_\_ Bedwetting

\_\_\_\_\_ Fainting Spells \_\_\_\_\_ Sleep Walking \_\_\_\_\_ Cramps \_\_\_\_\_ Hay Fever \_\_\_\_\_ Tonsillitis

\_\_\_\_\_ Diabetes \_\_\_\_\_ Headaches \_\_\_\_\_ Other \_\_\_\_\_

Date of your child's last tetanus shot? \_\_\_\_\_

List any chronic illness or other condition for which your child needs treatment. (Explain - This is for a physician who might need to treat your child in case of illness or injury or for the insurance company.)

\_\_\_\_\_

What kinds of situations might cause your child distress? \_\_\_\_\_

\_\_\_\_\_  
Please list additional information that would enable staff to serve your child better (e.g. disabilities, emotional / behavioral difficulties - ADHD, etc., recent impactful events):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization:** I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_, affirm that this form is complete and accurate to my knowledge and grant permission for her/him to participate at Eastern Montana Bible Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident. I give permission for the Camp Nurse to administer simple medications such as aspirin, Tylenol, Pepto Bismal, cough syrup, etc., to my child. In case of a medical emergency, if I cannot be reached, I give permission for the director of the Camp to contact a physician. If I cannot be reached, I give permission for the attending physician to treat her/him in an emergency situation.

I AGREE TO THE TERMS ABOVE:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, Zip

\_\_\_\_\_  
Phone #