

# HOPE SHORES BIBLE CAMP HEALTH RECORD & RELEASE FORM - 2017

NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.

Sex: M F Social Security # \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

## PARENT INFO

Parent(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parental Employer: \_\_\_\_\_

Emergency Notification Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(other than parent)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## MEDICAL INSURANCE

Medical Assistance  Yes  No Medical Assistance #: \_\_\_\_\_

Is health insurance carried through parental employer?

FATHER:  Yes  No MOTHER:  Yes  No

**PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD (HOSPITALS PREFER THIS TO ANYTHING ELSE) – CARDS WILL NOT BE COPIED AT CHECK IN**

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

## PARENT'S AUTHORIZATION

I hereby release Hope Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain at camp. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to an X-ray examination, medical or surgical diagnosis, treatment or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. **I permit the camp nurse to dispense the following medications if necessary: Sudafed, Benadryl, Ibuprofen, and Tylenol.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medications:** Hope Shores Bible Camp carries general over the counter medications in the infirmary, such as Tylenol, cold medicines, Benadryl etc. Please do not feel you need to send these with your child unless they are needed on a regular basis. It is required to send all prescription medications in their ORIGINAL container (with name, dose, frequency clearly written) in order to have our nurse safely administer them. The nurse collects all medications from the campers. They will be handed out as prescribed.

**Part II (To be filled out by Physician)**

State law requires an immunization record giving dates indicating that the camper is fully protected from the included diseases. This form must be reviewed by a doctor within 90 days of admission to camp.

Name: \_\_\_\_\_ Sex: M F

Height: \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

Review of Systems:

Skin & Nails \_\_\_\_\_ Abdomen \_\_\_\_\_ HEENT \_\_\_\_\_ Genitalia \_\_\_\_\_

Neck \_\_\_\_\_ Musculoskeletal \_\_\_\_\_ Cardiovascular \_\_\_\_\_ Neuro \_\_\_\_\_

Respiratory \_\_\_\_\_ Lymphatics \_\_\_\_\_

Restrictions (if any): \_\_\_\_\_

Any evidence of contagious disease? Yes  No  If yes, please advise. \_\_\_\_\_

Other: \_\_\_\_\_ Allergies: \_\_\_\_\_

I have made the necessary tests to determine the health condition of this person and find him/her fit to participate in camp activities.

**SIGNATURE OF PHYSICIAN** \_\_\_\_\_ Date \_\_\_\_\_

**Part III (To be filled in by parent or guardian)**

**Date of most recent immunization against:**

Polio: \_\_\_\_\_ DPT \_\_\_\_\_ MMR \_\_\_\_\_ Hepatitis B \_\_\_\_\_

**Has the camper been exposed to any of the following recently:**

Strep Throat       Chicken Pox       Tuberculosis       Measles

**Does the camper have difficulties with any of the following?**

Appendicitis       Allergies       Asthma       Appendix Removal       Diabetes

Fainting       Heart trouble       Convulsions/Epilepsy       Kidney       Nosebleeds

Sore throats       Colds       Headaches       Bed wetting       Constipation

Sleepwalking       Eating /foods

Does the camper have any drug allergies? \_\_\_\_\_

**MEDICATIONS**

NAME of Medication      DOSAGE      TIMES      REASON GIVEN

(in original container)

<u>NAME</u> of Medication	<u>DOSAGE</u>	<u>TIMES</u>	<u>REASON GIVEN</u>