

Greene County Baptist Boys' Camp Health Form – 2018

Everyone attending camp **MUST** complete this two-page form.

Dear Parent or Guardian of Camper:

Please fill out the health form on the reverse side of this page completely. It is extremely important that we have all information. We have situations at camp where complete information is crucial. **We must have this information for your child to attend Greene County Boys' Camp. If we do not have complete medical information for your child, treatment could be delayed or even prohibited in an emergency. Also, please provide the name of the company providing the camper's health insurance and the policy number.**

For the benefit of your child, the information on the health form (reverse side of this page) is provided by the camp director to the camp nurse and a copy is shared with your child's cabin leader and possibly other camp staff as deemed necessary by the camp director. The camp nurse will have this original form.

We feel it is in the best interest of your child to have those caring for him/her have as much information about him/her as possible. However, if you feel it necessary to limit the sharing of this information with those providing care for your camper, please mark the box below.

I do not wish to have my camper's information shared with anyone other than the camp director and camp nurse.

Please contact Camp Director Scott Greer at (417) 300-0980 if you need to be put in contact with a camp nurse prior to camp.

After completion of camp, the original registration and health forms for each person attending camp will be kept in the Greene County Baptist Association office as a permanent record.

You may use the lines below for any additional health information that needs to be provided.

Please sign below to indicate that you have read and understood this form.

Signed: _____

Date: _____

Additional notes: _____

