

Greene County Baptist Girls' Camp Health Form – 2018

Everyone attending camp MUST complete this two-page form.

Dear Parent or Guardian of Camper and/or Staff Member:

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/or yourself to attend Greene County Girls' Camp. If we do not have complete medical information, treatment could be delayed or even prohibited in an emergency. Also, please provide the name of the company providing health insurance and the policy number.**

For the benefit of your child and/or yourself, 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 your best interest to have those caring for your camper and/or yourself to have as much information 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 Treva Swadley at (417) 872-9558 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: _____

Greene County Baptist Association Girls' Camp Health Form 2018

Page 2

Name _____ Church _____

Age _____ Birth date _____ School grade this fall _____ (if applies)

Parent/Guardian (or Spouse) _____

Address (Street, Route, Box) _____

City _____ State _____ Zip _____

In case of emergency, notify _____ Phone _____

Additional Emergency Contact:

_____ (_____) _____
 (First and Last Name) (Relationship) (Phone Number)

If parent or guardian will be gone during camp, this form **MUST BE notarized!** If gone during camp, contact me at _____

Please mark any of the below that apply to camper:

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney/Bladder Problems |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Bleeder | <input type="checkbox"/> Seizures | <input type="checkbox"/> Emotional Difficulties |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Appendix Out | <input type="checkbox"/> Stomach Trouble | <input type="checkbox"/> Other (please list) _____ | |

Allergies: Food allergies _____

Medication allergies _____

Please include instructions for any allergies on the front of this form.

Camper will be bringing these medications: (Use additional sheets if necessary.)

Name of Medication	Dosage	How Taken (Chewable, Liquid, Swallowed Tablet, Inhaler, etc.)	Time of Day Taken

****Please bring medication in a bag labeled with camper's name. Please do not send more medication than is needed for the duration of camp. DO NOT SEND OVER-THE-COUNTER MEDICATIONS.***

Permission to give Tylenol? Y or N Permission to give Ibuprofen? Y or N Permission to give Benadryl? Y or N

Has your camper had a tetanus shot (DPT) within the last 5 years? Yes _____ No _____

Other shots up-to-date? Yes _____ No _____ If no, please explain _____

Camper's primary care physician _____ Phone _____

Name of Health Insurance Company: _____ Policy Number _____

Permission for camp nurse to treat injuries, sickness, etc. Yes _____ No _____

I agree not to permit _____ to go to camp if he/she has been exposed to any contagious or infectious disease during the two weeks before camp, or has head lice or nits, dead or alive. I understand that the girls' camp head lice policy is that no camper can attend camp if head lice and/or nits, dead or alive, are found on her/his head at the Day 1 head check and that he/she cannot be treated the day of camp and sent on to camp because of the danger of re-infestation.

In case of emergency, I understand I will be notified if possible, and I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my camp attendee as named above.

Signed _____ Self or Parent/Guardian Date _____