

SANDY CREEK BAPTIST ASSOCIATION CAMPS – 2017

MEDICAL FORM

YOUTH CAMP _____ **CHILDREN'S CAMP** _____ **STAFF** _____

Name of Camper _____ Birth Date _____ Age _____ Gender: M / F
Grade Last Completed _____

Address _____ City _____ Zip _____

Parent/Guardian _____

Day Phone _____ Evening Phone _____

EMERGENCY CONTACTS – please list two:

Name _____ Relationship _____ Phone _____

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I understand that Camp requires good physical condition. The above named may participate in all activities, including sports, with the following exceptions; **if no exceptions write, NONE** _____

ALL medication **MUST** be submitted to the camp nurse at registration and will be administered by the nurse. **ALL** medication must be in original bottle and labeled with the name of the medication, instructions for dosage and camper's name.

Please list any and all medical information the camp nurse should have (allergies, prescribed treatment, major illnesses and medical conditions, all medications taken by the camper, dosage, etc.) Attach pages or write on back as needed. _____

Is it ok to give your child the following for minor needs?

Acetaminophen ___yes ___no; Ibuprofen ___yes ___no; Antacid ___ yes ___no; Allergy Relief ___ yes ___no.

Name of Physician _____ Phone _____

Family Medical Insurance _____

Policy Number _____

I do give my permission to camp authorities to obtain emergency care for the above named camper if necessary.

Signed _____ Date _____
(Parent/Guardian)

**Return this completed medical form and the completed registration form by July 1st to:
Camp Committee, Sandy Creek Baptist Association, P.O. Box 199, Murrayville, IL 62668**