

BLBC—Youth Group Camper Health Form

Church Name _____

Only complete this form if your camper is attending camp with his or her church group.

Name _____ Birth date ____ / ____ / ____ Age ____ Male Female Grade ____

Permanent Address _____ City _____ State _____ Zip _____

Emergency Contacts - at least two, list parent(s) first

Name _____ Relationship _____ Phone () _____

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Insurance Policy _____ Policy # _____ Group # _____

(Black Lake Bible Camp is a secondary insurance provider only.)

Doctor's Name _____ Phone () _____ Tetanus booster current? yes no

Does the camper have any allergies? yes no If yes, specify: _____

Specify any additional dietary restrictions _____

With advance notice, we can provide: Gluten Free, Dairy/Lactose Free, OR Vegetarian/Vegan meals (but only one option at a time). Our menu can also be modified to exclude common allergens as tree-nuts, peanuts, and shellfish.

Cross off any medications the camper may not be given: (please send a supply if you anticipate a need, see below)

Tylenol Motrin Benadryl Tummy Soothers Cough Suppressant Anti-Itch Cream Cold Medicine

Will this camper be bringing any medications? yes no (If yes, we will need a medication information report.)

All medications (over-the-counter & prescription) must be in their original containers and all must be turned into the nurse.

(The nurse may allow a camper to carry his or her inhaler or EpiPen.) Put all medications into a labeled Ziploc bag.

Check if any of the following have been a health problem and explain:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> frequent colds, sore throat or ear aches | <input type="checkbox"/> bed wetting or sleepwalking | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> heart, kidney or lung trouble | <input type="checkbox"/> fainting | <input type="checkbox"/> asthma |

Behavioral Concerns _____

Activity Restrictions _____

MEDIA RELEASE: Attendance at Black Lake Bible camp grants the camp permission to use comments, images, and/or recordings of this camper in its camp promotional materials (including highlight videos).

ACTIVITY WAIVER, Submitting a registration form to Black Lake Bible Camp implies agreement with the Activities Waiver (release of liability, assumption of risk and indemnification agreement) found on the Camp Policies page of our website and gives permission for the above named camper (or self, if 18 or older) to participate in all camp activities. Parents/guardians may deny participation in specific activities with the Activity Opt Out Form.

IN CASE OF INJURY OR ILLNESS, "I hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary by the camp for the welfare of said minor (or self, if 18 or older). I understand every effort will be made to notify an emergency contact listed above. I acknowledge that I have read this form completely & understand the camp's policies."

Parent/Guardian Signature (self, if 18 or older) _____ **Date** _____