

## 2020 BEDFORD SUMMER CAMP AND CONFERENCE HEALTH & CONSENT FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Camper's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper Social Security Number (For use in medical emergencies) \_\_\_\_\_

Phone number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work/other) \_\_\_\_\_

Emergency Contact (Name/Relationship) \_\_\_\_\_ Phone \_\_\_\_\_

Camper Birth date \_\_\_\_\_ Camp session name/date \_\_\_\_\_

### CAMPER HEALTH INSURANCE INFORMATION:

Policy Holder Name \_\_\_\_\_

Insurance Company/Phone \_\_\_\_\_

Policy # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

*Please provide a **copy of your insurance card** for verification purposes and return with a completed registration form.*

The following information is required to ensure that your child's individual needs are met while attending camp. Information is confidential and will be made available only to those people who are directly responsible for your child's wellbeing. In the event of an emergency, every effort will be made to contact the parent or designated individual. No person under 18 will be allowed to attend camp without a completed health form. Many hospitals require signatures before proceeding with treatment. **INSURANCE:** The Christian Church in Indiana has insurance that covers only accidents that occur at camp. **Note: Family insurance is the primary insurance. The region is the secondary insurance.**

Is the camper in good health and able to participate in all normal camp activities?

YES \_\_\_\_\_ NO \_\_\_\_\_ If not, explain \_\_\_\_\_

Date of last complete physical exam \_\_\_\_\_ Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Immunization:** Date of last: Tetanus shot \_\_\_\_\_ Tetanus booster \_\_\_\_\_ Measles \_\_\_\_\_

**Health Concerns:** Allergic to: Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_ Insect stings \_\_\_\_\_ Poison ivy/oak \_\_\_\_\_ Other \_\_\_\_\_

**Subject to:** Bed wetting \_\_\_\_\_ Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Skin Rash \_\_\_\_\_ Fainting \_\_\_\_\_ Athletes Foot \_\_\_\_\_

Information Camp director should have (*explain*): \_\_\_\_\_

If applicant is on any regular medication, state drug and dosage \_\_\_\_\_

(Medications brought to camp must be in their **original container** which lists proper dosage and frequency.)

I give permission for first aid director to administer over-the-counter drugs (i.e. Tylenol/Sudafed) as needed to this camper:  Yes  No

I/We \_\_\_\_\_ as \_\_\_\_\_ of \_\_\_\_\_  
(Parent/Guardian) (Relationship to minor) (Camper's Name)

a minor child under the age of eighteen years, do hereby delegate to a representative of the Christian Church in Indiana authority to consent to all health care (x-rays, routine test, hospitalization, injection, anesthesia and/or surgery if necessary) to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Indiana. This authority is delegated due to my/our unavailability to exercise the authority in person.

This delegation of authority will commence on \_\_\_\_\_ and shall be valid until \_\_\_\_\_.

I agree to permit him/her to be transported in private or public vehicles. \_\_\_\_\_  
(Signature of parent/guardian)

I hereby give permission for this person's photograph to be used in camp publicity. \_\_\_\_\_  
(Signature of parent/guardian)

**LIABILITY:** The Christian Church in Indiana is not responsible for personal items that are lost, stolen, or broken at camp sites.