

Bambi Lake Camp Health Certificate

Camper Name: _____ Age: _____ Birth Date: ____/____/____

Housing: _____ Cabin Leader: _____

Parent/Guardian: _____ Relationship (If Guardian): _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

In Case of Emergency, If parent or guardian not available, contact: _____

Home Phone: _____ Work Phone: _____

Insurance Information (Please attach copy of insurance card to this certificate.)

Insurance Co. _____ Policy #: _____ Group #: _____

Policy Holder Name: _____ Relation to Camper: _____

Policy Holder Employer: _____ Policy Holder Birth Date: _____

Health History

Please check if camper has a health problem listed below:

_____ Hay Fever, Asthma, sneezing	_____ Sleep walking	_____ Eczema/frequent skin rashes
_____ Convulsions /seizures	_____ heart trouble	_____ trouble passing urine/bowels
_____ Headaches	_____ bed wetting	_____ Stomach trouble
_____ More than 4 earaches per year	_____ dental problems	_____ frequent colds/sore throat
_____ diabetes	_____ shortness of breath	Other: _____

Has girl been told about menstruation? yes no Has girl menstruated? yes no

Activities to be restricted (Swim test to be given by Life Guard)

Swimming _____ Diving _____ Hiking _____ Other _____

Does camper currently have any infectious disease? yes no

If yes, please explain: _____

Please list known allergies: _____

Please list any other serious injuries, operations and other health problems, behavioral or special health considerations that the Camp Health Officer or Cabin Leader should be aware of (use back if necessary).

Dates of Immunizations:

DTP ____/____/____ Polio ____/____/____ Tetanus ____/____/____ Measles ____/____/____

Child is currently taking: (Please use additional paper, if necessary). Please include over the counter (OTC) meds that your child takes regularly or that you anticipate they may need - for headaches, etc. if you give permission for these to be given. We cannot give OTC Meds without permission. We will use antibiotic cream or hydrocortisone cream if needed for scrapes and insect bites. Please use an additional page, if needed.

<u>Medication and dosage</u>	<u>What Time(s)</u>	<u>What Reason</u>
Prescribed		
OTC		

Bambi Lake Camp Health Certificate

Bambi Lake Policies & Acknowledgement

Campers MUST bring this certificate to camp completely filled in and signed by parent or guardian. **Campers arriving without the required health information may be sent home.**

ALL MEDICATION (prescription, OTC, Vitamin, etc.) must be left with the Camp Health Officer. **ALL MEDICATION** (prescription, OTC, Vitamins, etc.) must be labeled and in their **original containers**.

It is the policy of Bambi Lake Baptist Camp to release campers only to parent or guardian or other designated individual named below by parent or guardian. Please list individuals to whom camper may be released:

I have read and understand these policies. Please Initial: _____

Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "Minor child").

I hereby give my consent to have my minor child participate in the camp at Bambi Lake Retreat and Conference Center, I recognize that there may be risks involved in participating in this activity and hereby assume all risk of injury, harm, damage or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Bambi Lake Retreat and Conference Center and the Baptist State Convention of Michigan, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Bambi Lake Retreat and Conference Center and the Baptist State Convention of Michigan, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the camp activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contacts me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give my permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/Guardian Signature: _____ Date: _____

Printed Name _____ Cell Phone _____