

# Black Lake Bible Camp—Camper Health & Waiver Form 2010

Week Name: \_\_\_\_\_

Complete & return this form to Black Lake Bible Camp by the first day of camp.

Dates: \_\_\_\_\_

**No one will be allowed to stay at camp without a signed form.**

Camper Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  Male  Female Grade (fall 2010) \_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #1 (that lives with camper/same address)  
 Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Parent/Guardian #2  also lives with camper/same address  
 Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

In case of emergency and parents cannot be contacted, please call:

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance Policy \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 (Black Lake Bible Camp is a secondary insurance provider only.)

Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_

Does the camper have any drug allergies?  yes  no If yes, specify: \_\_\_\_\_

Does the camper have any other allergies?  yes  no If yes, specify: \_\_\_\_\_

The camper may be given the following medications as needed:  yes  no  
 Tylenol, Motrin, Benadryl, Midol, Cough Suppressant, Throat Spray

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

- frequent colds, sore throat or ear aches
- bed wetting or sleepwalking
- diabetes
- heart, kidney or lung trouble
- fainting
- asthma

Behavioral Concerns \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Any Additional Comments? \_\_\_\_\_

All medicine (prescription & over the counter) must be turned in to the camp nurse, with the exception of inhalers & EpiPens. Put all medications into a Ziploc bag. Write the camper's name & date of birth clearly on the bag.

List all camper medications (prescription & over the counter) and check their administration time(s):

Medication Name	Breakfast	Lunch	Dinner	Bedtime	As Needed	Other (specify)

**MEDIA RELEASE:** By signing this form, I release and waive any & all claims arising out of the use, by Black Lake Bible Camp & its authorized designee, of my child's likeness &/or voice, on film, promotional literature, feature film &/or other program picture, which may be exhibited or broadcast on television, radio, or in motion picture theaters, schools or educational institutions.

**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 parents or guardian of camper. I acknowledged that I have read this form completely & understand the camp's policies."

Parent/Guardian Signature (camper, if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_