

DCBC Camp Session Attending _____

Church _____

for office use: Dorm # _____

Make a copy of your completed Health Form to submit at any additional camp session you plan to attend.

Example: Preteen II, Freedom Youth, RA

HEALTH FORM DRY CREEK BAPTIST CAMP

Please do not mail this form. Turn it in at registration.
(This is not a registration form; please submit an Official Summer Registration Form to register for camp.)

Camper's Name _____ Date of Birth ____/____/____ Age _____
Address _____ Grade Completed This Year _____ Sex _____
City/State/Zip _____ Telephone(____) _____

Name of Parent or Legal Guardian _____
Address _____ Telephone: home(____) _____
City/State/Zip _____ work(____) _____

Where can parent/guardian be reached during camp? _____

Name of camper's physician _____ Telephone(____) _____
Address _____ City/State/Zip _____

Health Insurance _____ Identification Number _____

Please list two people who may be contacted in case parent/guardian cannot be reached in an emergency:
Name _____ Relationship _____ Phone(____) _____
Name _____ Relationship _____ Phone(____) _____

General Health and Medical History

- List any chronic or long-term illness: _____
- Serious injuries or surgeries: _____
- Known allergies: foods _____ drugs _____ plants _____
animals _____ other _____
Explain reaction and indicate medication used or other action to be taken: _____
- Explain any physical/medical conditions that we should be aware of: _____

Medication

Is camper bringing medication to camp? Yes _____ No _____
If yes, please list all medications on back of this form. **Medication must be in pharmacy container with patient's name and the dosage instructions on it.** If dosage instructions are different, please note, and sign your name.
Give all medication to the Camp Nurse during registration. She will administer all medication during camp.

Restrictions

Does camper have any activity restrictions? Yes _____ No _____
If yes, please specify: _____

MEDICAL RELEASE FORM
In the event that I cannot be reached in an emergency, I hereby give permission to the physicians selected by the camp officials or camp nurse to provide necessary emergency medical or surgical treatment.
Signed _____ parent/guardian Date _____