

NURSE INFORMATION FORM - BRING WITH YOU TO CAMP & TURN IN AT CHECK IN

Bandina Christian Youth Camp
July 4-10, 2021

Name of Camper _____

Cabin:(camp fills in)_____

Church:(you came with)_____

Youth Leader: _____

Date of Birth ____ / ____ / ____

Address _____
(Street and number, City, State, Zip)

Parent or Guardian's Name _____

Address (if different) _____

Parent or Guardian Phone # _____ (cell) _____ (work)

Emergency Contact Name (In case parent can't be reached) _____

Emergency Contact Phone # _____ (cell) _____ (work)

Insurance Info: Company _____ Policy # _____

Phone # _____

Do you have medication or food allergies? _____ If yes, what? _____

Please describe reaction (i.e., rash / difficulty breathing...) _____

Past Medical History: Please answer yes or no to each, explain on separate sheet if necessary.

a. Heart problems _____ b. Kidney or bladder problems _____

c. Lung (i.e., asthma) _____ d. Neurological or mental _____

e. Diabetes or thyroid _____ f. Stomach/intestine/liver _____

g. Other _____

Have you had surgery within the last year? _____ if yes, please describe: _____

Do you have special medicine with you? _____ If yes, please list all prescription and non-prescription medications you will bring to camp. NOTE: All meds, must be in original containers. All prescription medications must have original pharmacy label on container with camper's name in order to be dispensed at camp. List daily and as needed medications your child will / may take at camp.

Name of Med., Strength (mg), Time to be taken, Reason for med:

1. _____

2. _____

3. _____

*Have you had a tetanus shot within the last six months? _____

*Have you had or been immunized for Measles: _____ Mumps _____ Chicken Pox _____

Diphtheria _____ Whooping Cough _____ COVID-19 _____ Other _____

I/We hereby give permission for the director and/or camp nursing staff to take _____ to the hospital or to see a doctor in case of accident or sickness and to receive medical treatment as prescribed by an attending physician. I/We also acknowledge an understanding that camper health information may need to be shared with camp staff to ensure a safe camp experience. Confidentiality of camper health information is an important aspect of providing camp health care, along with keeping camp staff informed of camper needs. I/We understand the youth camp will not be held responsible for this camper, and I/we will never bring any legal action against Bandina Christian Youth Camp, Inc., its staff members, or participating churches.

Signed: _____ Date ____ / ____ / ____

I/We (circle one) **DO DON'T** give permission for _____ to swim while at camp. In case of an accident, I/we give authority and consent for medical and surgical treatment as needed in the judgment of treating physicians. I/we also agree to never bring any legal action against Bandina Christian Youth Camp, Inc., its staff members, or participating churches.

Signed: _____ Date ____ / ____ / ____