

CAMP BOOTHE CAMPER MEDICAL INFORMATION

CAMPER INFORMATION

MEDICAL PROCEDURES

CAMPER NAME
If parent/legal guardian cannot be reached in an emergency, please notify:
Emergency Contact 1
Name:
Phone:
Emergency Contact 1
Name:
Phone:

NOTE: CAMP MEDICAL PERSONNEL WILL SCREEN EACH CAMPER UPON ARRIVAL AT REGISTRATION. IN THE EVENT OF ILLNESS (CONTAGIOUS AND/OR VIRAL) OR EXISTING INJURY, CAMP PERSONNEL WILL BE NOTIFIED IMMEDIATELY.

EACH CAMPER WILL BE SCREENED FOR LICE BEFORE BEING ADMITTED TO CAMP. IF LICE ARE DETECTED, NO TREATMENT WILL BE ADMINISTERED BY REPRESENTATIVES OF CAMP BOOTHE; THEREFORE, THE CAMPER WILL NOT BE ALLOWED TO REGISTER. LEGAL GUARDIAN HAS THE OPTION TO TREAT THE CAMPER OFF CAMPUS AND RETURN FOR A RE-CHECK WITHIN 24 HOURS.

MEDICAL DATA

Indicate recent illnesses, medical complications, surgeries, and any known allergies (bees, food, etc.) or physical limitations:

All medical treatment and records are strictly confidential and are to be accessed by proper personnel only.

Any specific activities to be restricted?

PLEASE LIST ANY PERSON(S) OTHER THAN PARENT / LEGAL GUARDIAN

LIST THE NAME, DOSE & FREQUENCY OF MEDICATIONS THE CAMPER TAKES ON A REGULAR BASIS:

TO WHOM CAMPER MAY BE RELEASED FOR CHECK-OUT. FOR THEIR PROTECTION CAMPERS WILL NOT BE RELEASED TO ANYONE OTHER THAN THOSE LISTED BELOW. ANYONE LISTED MUST PROVIDED A VALID PHOTO ID IN ORDER TO TAKE CAMPER.

MEDICAL INFORMATION

CONTRACT HOLDER NAME:

INSURANCE CO:

POLICY NUMBER:

I further understand that my medical insurance company will serve as the Primary Coverage.

CONSENT & RELEASE STATEMENT

Please read and initial each statement and sign at the bottom.

_____ In the event that I or my child named above becomes ill or is injured while under the supervision of Camp Boothe, I authorize camp authorities to do the following:

- Contact the parent / legal guardian of the camper (campers under the age of 18) and follow his/her instructions;
- In case of an emergency, when neither parent nor legal guardian can be reached immediately, camp authorities are authorized to use best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care;
- By this CONSENT, I appoint the proper camp authority as my attorney-in-fact for the purposes herein stated.

_____ I give consent for my child to participate in all activities at Camp Boothe.

_____ I give consent for Camp Boothe to utilize any or all photographs and/or video footage taken of camper for staff member for promotional use or advertisement.

_____ I am attaching any special instructions, in regard to my child's allergies, medications, or specific needs, to this form.

_____ In consideration of Camp Boothe, Inc. making available Camp Boothe and for the other benefits that I or my child receive, I do hereby release and discharge The Church of God of Prophecy, Camp Boothe, Inc., Camp Boothe, its agenda, employees, and staff from all liability of any kind or nature, claim, demand or cause of action which might be asserted. I understand that this is a RELEASE and with that knowledge, I voluntarily sign it.

Parent / Legal Guardian / Camper (18 and older)

Printed Name

Signature

Date

