Retreat for Young Adults with Special Needs

Hosted by Oil Belt Christian Service Camp

August 17-18, 2018

Medical Information and Registration

Camper Name _____ Male__Female__

Address _____

City _____ State _____ Zip_____

Home Facility _____

Home Church (if any) _____

Has the Camper been baptized? _____ Date of Birth _____

Height _____ Weight _____

Please list all Medications / Dosage / Time of day:

_____

_____

_____

_____

_____

Will the camper be administered medication while at camp? _____

If yes, ALL medication must be in prescription bottle with label & instructions.

Please list medications that camper is NOT to have:

_____

_____

Please list all Allergies:

_____

Please answer the all the following questions:

Is the camper sun sensitive? _____ Is the camper allergic to any food? _____

Please list food allergies:

_____

Does the camper need assistance in eating? _____

Do they choke easily on food? _____

Does the camper have a SEIZURE DISORDER? yes no

If yes, what type of seizures may be expected?

_____

List any activities that the camper should not participate in._____

_____

Name of Attending Physician: _____

Phone # _____ Physician's Facility _____

In Case of Emergency contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

I_____as guardian of _____

… VERIFY THAT THE CAMPER LISTED ON THIS FORM IS PRESCRIBED THE MEDICATIONS ON THIS FORM. I AUTHORIZE THE NURSE AT THE OIL BELT RETREAT TO ADMINISTER THE ABOVE MEDICATIONS. I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE RETREAT NURSE TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR THE CAMPER ON THIS FORM. I HEREBY RELEASE THE CAMP AND RETREAT LEADERS FROM ANY RESPONSIBILITY OTHER THAN NORMAL SUPERVISION AND CARE. IN CASE OF ACCIDENT, I WILL NOT HOLD THE CAMP OR RETREAT LEADERS LIABLE.

_____

Signature

Date_____ Phone # _____