

HEALTH FORM

Please bring a current photo to be placed with the medications

Camper's name _____ Date of last tetanus shot _____

Camper has had: ___ ear infections ___ heart trouble ___ measles ___ chicken pox

If your camper has had the following please explain on a separate sheet paper and attach.

___ dietary restrictions ___ surgery or serious health problems

Camper is Allergic to: ___ bee sting ___ penicillin ___ poison ivy ___ poison oak ___ poison sumac

___ dust ___ food ___ other Please list all allergies:

Does camper have asthma? ☐ YES or ☐ NO Check One

Does camper currently have a contagious disease, ☐ Yes or ☐ No Check One.

Has camper been exposed to a contagious disease in the 3 weeks prior to camp? ☐ Yes or ☐ No Check One.

NAME OF MEDICATION	DOSE IN MG. AMT OR NUMBER TO BE GIVEN	TIME TO BE GIVEN	COMPLETED BY NURSE TOTAL DOSE & INITIAL

I give the personnel of Pulaski Baptist Camp permission to administer the above medications as directed.

- All medications will be kept by the nurse in a secure area.
- If your camper uses a rescue inhaler for asthma they may keep that in their possession. Please tell your camper not to share their inhaler with anyone.
- All prescription and over the counter medicines must be in their original containers. All prescription medications must have the pharmacy label on the container.
- If medications are shared with other campers they will have a meeting with the Camp Director and their parents will be notified.

I give the personnel of Pulaski Baptist Camp permission to administer the following over the counter medications as needed. **Please check all that apply.**

Signature of
parent/guardian _____ Date _____

___ Tylenol ___ Ibuprofen ___ Orajel ___ Caladryl lotion ___ Chloraseptic spray ___ Halls Cough Drops

___ Topical Antibiotic Ointment ___ Sunburn Spray (lotion with Lidocaine)

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the Camp Coordinator or Camp Administrator, to secure proper treatment, to order injections, to hospitalize, to authorize anesthesia or surgery for my child, named above.

Both Parents/Guardians Signatures are required.

Signed _____ Relationship _____ Date _____

Signed _____ Relationship _____ Date _____

Camp T-Shirt Order Form

T-Shirts need to be ordered by June 22, 2019

Your completed Application need to be at the Associational office by June 20, 2019.

Please check the size T-Shirt size you need.

____ Adult Small

____ Adult Medium

____ Adult Large

____ Adult X Large

____ Adult XX Large

Name of Camper _____

Permission to Video

This year we will be producing a video of our week at camp. This video will be used for camp purposed only. We need the permission of the parent/guardian in order to take pictures of your child or youth. No names will be used in this video.

Pulaski Baptist Association has my permission to video my child/youth to be used for camp or promotional purposes only.

Parent/Guardian _____