

Great Plains Baptist Association
CAMPER REGISTRATION & MEDICAL INFO & RELEASE

INSTRUCTIONS TO PARENT OR GUARDIAN

1. Please answer ALL questions. **Print in ink.**
2. Complete and sign this form, it authorizes you or your child to participate in camp activities.
3. This form MUST BE turned in with registration. Campers will not be allowed to attend without it.

CHURCH

Grade completed May of this year _____

Name _____ Birth Date ____/____/____ Age ____ M ____ or F ____
Last First Middle

T-Shirt size: _____ Youth SM _____ Youth MED _____ Youth LG _____ Youth XL
_____ Adult SM _____ Ad MED _____ Ad LG _____ Ad XL _____ Ad 2X _____ Ad 3X

Custodial parent/guardian: _____

Home Address _____
Street & Number City State Zip

Home phone: (____) _____ Work phone: (____) _____ Cell or other phone: (____) _____

Other custodial parent/guardian _____

Home Address _____
(if not same as above) Street & Number City State Zip

Home phone: (____) _____ Work phone: (____) _____ Cell or other phone: (____) _____

If not available in an emergency, please contact: _____

Relationship: _____ Phone (____) _____

Address: _____
Street & Number City State Zip

Insurance Information

Is the camper covered by family health/medical/hospital insurance? Yes No

If so, provide carrier or plan name _____ Group # _____

Health Insurance Address _____ Phone (____) _____
Street & Number City State Zip

Name of Insured _____ Relationship to camper _____

Allergies:

_____ No known allergies

_____ The environment (insects, hay fever, etc)

_____ Medicine _____

_____ Food _____

_____ Other _____

Are the camper's immunizations/vaccinations up to date? ____ Yes ____ No Date of last Tetanus shot: _____

The camper is under the care of a physician for the following condition(s): _____

Physician _____ Phone (____) _____
Street & Number City State Zip

Dentist _____ Phone (____) _____
Street & Number City State Zip

Medication being taken ~ keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of the administration.

Med #1: _____ Dosage: _____ Specific times taken: _____

Reason for taking: _____

Med #2: _____ Dosage: _____ Specific times taken: _____

Reason for taking: _____

Med #3: _____ Dosage: _____ Specific times taken: _____

Reason for taking: _____

Medically prescribed meal plan or dietary restrictions: _____

Operations, serious injuries, disabilities, chronic or recurring illnesses: _____

Explanation of any reported loss of consciousness, convulsions, or concussion: _____

Does camper have: epilepsy? Y N Diabetes? Y N Asthma? Y N

While at camp, can child be given the following over the counter (OTC) medication (please check ALL that child may be given):

☐ Tylenol, 325 mg

☐ Tylenol, 500 mg

☐ Pepto Bismol

☐ Ibuprofen, 200mg

☐ Ibuprofen, 400mg

☐ OTC Cough Syrup

☐ Benadryl, 25mg

☐ Benadryl, 50mg

Additional Health Information: _____

It is understood that all campers in attendance will abide by the rules of the camp regulations. If any camper does not, the privileges of participating in the activities will be taken away, or in the case of a very serious violation, the camper will be returned home.

This health history/information is correct so far as I know, and the camper herein described has permission to engage in all prescribed camp activities except as noted.

Emergency authorization: I hereby give permission for camp personnel to transport my child at their discretion and for medical personnel selected by the camp director to order x-rays, routine tests and treatment for me as a volunteer, counselor, staff or employee, or my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for camper/staff/counselor/employee as named above.

My signature below also gives my permission for pictures of my child taken at the camp to be used by the individual church and Great Plains Baptist Association publications and/or social media.

I understand that allowing my child to leave camp disrupts the flow of the camp and may cause my child to miss an important experience. If my child must leave the campground, I must speak to the sponsor of our church group before picking them up. For overnight camps, if I am bringing my child back to camp, they will arrive before midnight.

Signature of parent/guardian _____ Date _____