Week: _____
Cabin: _____

Cover Sheet for Camper Forms

The forms in this packet are to be completed by parents of those attending Children's Church Camp & Warrior Camp for Boys

Camper Name:_____ Age: _____

Instructions: This packet of forms are to be completed by custodial guardians of those attending Church Children's Camps and Warrior Camp for Boys. Parents or group leaders must also download the appropriate program information packets to accompany these forms.

Place this cover sheet on top of your camper's forms and place the forms in the below order. Please attach these forms with a paper clip, **NOT** a staple and bring to check in. For children's camp, please separate the boy's forms from the girl's forms.

Place forms in this order:

- This cover sheet
- Waiver form signed by custodial guardian
- Completed health history form page 1 signed by custodial guardian
- Completed heath history form page 2
- Completed medication form (if camper will take any prescribed meds while here)
- Bring camper medications to check in contained in a labeled freezer zip bag

Contact Us:

For payment or pairing:
Shelly Gandy
Reservations
336-521-9210
sgandy@caraway.org

Program info & everything else:
Mark Moore
Children's Program Director
336-521-9207
mmoore@caraway.org

www.campcaraway.org

Camp Caraway Children's Programs Waiver Form

The forms in this packet are to be completed by parents of those attending Children's Church Camp & Warrior Camp for Boys

Dates of Camp ___/___/___ to ___/___/____ **Camper's Printed Name & Age** _____

(Parents, please read these statements to your child or youth to be sure there is an understanding of what is expected. Your signature indicates that you and your child or youth agrees with these statements. This signed form is required to participate at camp)

Agreement to Participate

I understand the program goals and theme of the camp which I will attend and agree to participate in the programs and activities to the best of my ability. I agree and hereby state that I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, and after due consideration of my own physical health, physical abilities and medical conditions. I have informed the Camp Director, and/or medical personnel of any medical conditions I may have. I further state that in choosing to participate I am not under the influence of any chemical substances including alcohol.

Liability Release

I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the programs and hereby agree to hold Caraway Conference Center & Camp and The Baptist State Convention of NC, INC., its employees, its instructors, facilitators, board members and agents harmless for any liability arising out of my participation in the programs. I have read, or have had read to me, all information regarding the event my camper is attending at Camp Caraway, including policies, procedures, limitations, and possibilities, and have discussed these with my camper as named above. My camper, as named above, has permission to participate fully in all camp activities. (List any exceptions below)

Photography of Campers

Photography/video may be taken of campers as they participate in the Baptist State Convention of NC ministries. These photographs will be used for promotion of these ministries through brochures, web pages, social media, video, and special mailings. At no time will the full names of campers be used in any of these promotions. Your signature gives us permission to use photographs/videos taken at camp for use in promotion of Baptist State Convention ministries. (List exceptions below)

Pick-up Information

Unless otherwise noted, my camper will be picked up by their custodial guardian or church approved driver that brought them to camp.

Other drivers with permission to pick-up camper: _____

If early pick-up needed please list date, time & driver: _____

Parent-Guardian Signature

_____ Parent or Guardian Printed

Name Parent or Guardian Signature Date

List any exceptions: _____

This form must be completed and signed and must accompany a health history form to participate in camp programs. Please bring it to check in on the first day of camp.

Office Use Only
Group: _____

Week #____ Checked:_____

Camp Caraway Children's Programs Health History Form 2019

This form is to be completed by the custodial parent or guardian and must accompany a signed waiver for Church Children's Camps and Warrior Camps. CAMPERS **WILL NOT** BE ALLOWED TO STAY WITHOUT A **SIGNED** AND COMPLETED WAIVER AND HEALTH HISTORY FORM.

BRING FORM TO CAMP – DO NOT MAIL

Participants Name _____ Birth date _____ Age/Gender _____
last first middle

Home address _____
Street address City State Zip

Custodial parent/guardian _____ Email Address _____

Day Phone _____ Home Phone _____ Cell Phone _____

Home address _____
(if different from above) Street address City State Zip

Are parents Separated? ☐ yes ☐no Divorced? ☐ yes ☐ no Is any parent Deceased? ☐ Mother ☐ Father

Second parent/guardian/contact _____ Email Address _____

Day Phone _____ Home Phone _____ Cell Phone _____

Home address _____
(if different from above)

If parent/guardian is not available in an emergency, notify:

Name _____ Relationship _____

Day Phone _____ Home Phone _____ Cell Phone _____

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian _____

Printed Name _____ Date _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? ☐ yes ☐ no Name of insured _____
Carrier or plan name _____ Carrier phone #_____
Group # _____ ID #_____ Payor ID #_____

HEALTH HISTORY

Allergies List all known.
Medication allergies (list)

Describe reaction and management of the reaction.

_____ _____
_____ _____
_____ _____

Food allergies (list)

_____ _____
_____ _____
_____ _____

Other allergies (list) – Include insect stings, hay fever, asthma, animal dander, etc.

_____ _____
_____ _____

MEDICATIONS

☐ This person takes NO medications

☐ This person takes medications on a routine basis (complete the medication form)

Please list ALL medications the camper will take this week (including over-the-counter or nonprescription) taken routinely:

_____

_____

_____

LIST OTHER PERTINENT HEALTH HISTORY

_____

_____

_____

Date of latest Tetanus: _____ Date of MMR vaccine: _____

Pediatrician's Name, City, and Telephone number: _____

Dentist's Name, City, and Telephone number: _____

OVER-THE-COUNTER/ AS NEEDED MEDICATIONS

The below over the counter (OTC) medications are provided and are administered to campers as needed. Our medical staff will follow the directions on the label based on age or weight. Indicate which medications your child may receive. We will call for permission to administer any other ingested medications not on this list.

OTC Medication Name (Generics may be used)	**Indications**	**Permission**	**Comments**
Diphenhydramine (Benadryl)	Allergic Reaction	Yes No	
Acetaminophen (Tylenol)	Fever, Pain	Yes No	
Ibuprofen (Motrin)	Fever, Pain	Yes No	
Anti-Itch Cream (Caladryl)	Itching, skin irritations	Yes No	
Chloraseptic throat drops or spray	Sore throat	Yes No	
Pink Bismuth (Pepto-Bismol)	Upset stomach	Yes No	
Calcium Carbonate (Tums)	Heartburn, indigestion	Yes No	
Triple Antibiotic Ointment (Neosporin)	Lacerations, abrasions, etc.	Yes No	

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. Also list any activities to be encouraged or discouraged.

Medication Form

Please list all medications that a Camper will be taking at camp including prescription and over the counter medications. Please make copies of this form as needed to add more than 3 medications. Bring enough medication to last the entire time at camp only. **Keep the medication in the original packaging/bottle that identifies the prescribing physician** (if a prescription medication), the name of the medication, the dosage, and the frequency of administration. Place medications in a zip bag with camper's full name and age listed on bag. The camp nurse (N) will initial form after each medication has been administered. **Attach this form to the health form with a paperclip. Bring the forms and medications to check in.**

Please indicate in the correct box what time to administer each med or give specific additional times:

Full Name of Camper: _____Cabin: _____

Medication #1: _____
Exact Dosage: _____

DAY	BREAKFAST	*N*	LUNCH	*N*	SUPPER	*N*	EVENING	*N*	Additional Times	*N*
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										

Medication # 2:_____
Exact Dosage: _____

DAY	BREAKFAST	*N*	LUNCH	*N*	SUPPER	*N*	EVENING	*N*	Additional Times	*N*
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										

Medication # 3:_____
Exact Dosage: _____

DAY	BREAKFAST	*N*	LUNCH	*N*	SUPPER	*N*	EVENING	*N*	Additional Times	*N*
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										