

Black Lake Bible Camp—Health & Waiver Form Sept 2011-Aug 2012

Complete & return this form to Black Lake Bible Camp.

Week/Program Name: _____

No one will be allowed to attend a program or camp without a signed form.

Begin Date: _____

Child Name _____ Birth date ____ / ____ / ____ Age ____ Male Female Grade (fall 2011) ____
 Address _____ City _____ State _____ Zip _____

Parent/Guardian #1 (that lives with child/same address)
 Name _____ Home Phone () _____ Other Phone () _____

Parent/Guardian #2 also lives with child/same address
 Name _____ Home Phone () _____ Other Phone () _____

In case of emergency and parents cannot be contacted, please call:

Name _____ Relationship to child _____ Phone () _____
 Name _____ Relationship to child _____ Phone () _____

Insurance Policy _____ Policy # _____ Group # _____
 (Black Lake Bible Camp is a secondary insurance provider only.)

Doctor's Name _____ Phone () _____ Date of last tetanus booster _____

Does the child have any drug allergies? yes no If yes, specify: _____

Does the child have any other allergies? yes no If yes, specify: _____

The child may be given the following medications as needed: yes no
 Tylenol, Motrin, Benadryl, Midol, Cough Suppressant, Throat Spray, Cold Medicine

Check if any of the following have been a health problem and explain:

- frequent colds, sore throat or ear aches bed wetting or sleepwalking diabetes
 heart, kidney or lung trouble fainting asthma

Behavioral Concerns _____

Activity Restrictions _____

Any Additional Comments? _____

All medicine (prescription & over the counter) must be turned in to the camp nurse, with the exception of inhalers & EpiPens. Put all medications into a Ziploc bag. Write the child's name & date of birth clearly on the bag.

List all child medications (prescription & over the counter) and check their administration time(s):

Medication Name	Breakfast	Lunch	Dinner	Bedtime	As Needed	Other (specify)

MEDIA RELEASE: By signing this form, I release and waive any & all claims arising out of the use, by Black Lake Bible Camp & its authorized designee, of my child's likeness &/or voice, on film, promotional literature, feature film &/or other program picture, which may be exhibited or broadcast on television, radio, or in motion picture theaters, schools or educational institutions.

IN CASE OF INJURY OR ILLNESS, "I hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary by the camp for the welfare of said minor (or self, if 18 or older). I understand every effort will be made to notify parents or guardian of child. I acknowledged that I have read this form completely & understand the camp's policies."

Parent/Guardian Signature (child, if 18 or older) _____ Date _____