

Week Name: _____
Camp Dates: _____

Black Lake Bible Camp Camper Health and Waiver Form 2008

This form must be completed and returned to Black Lake Bible Camp on or before the first day of camp.
No camper will be allowed to stay at camp without a signed form.

Camper Name: _____ **Birthdate:** _____ **Age:** _____ **Sex:** M F
Address: _____
City: _____ **State:** _____ **Zip:** _____

Father's Name: _____ **Phone:** () _____
Mother's Name: _____ **Phone:** () _____
Other Phone #s (specify cell, evening, or work): _____
If divorced, custodial parent: _____

In case of emergency and parents cannot be contacted, please call:
Relative - Name: _____ **Phone:** () _____
Neighbor - Name: _____ **Phone:** () _____
(One of these individuals should be available to pick up your child if necessary.)

Health Information:

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

Doctor's Name: _____ **Phone:** () _____

Is the camper allergic to any drugs? yes no Please specify: _____

Does the camper have any allergies? yes no Please specify: _____

Date of last tetanus booster: _____

Is the camper currently on medications that will be necessary to continue during camp? yes no
Please specify? _____

My child may be given Motrin/Tylenol, Benadryl, cough syrup, or spray as needed. yes no

Circle any of the following which have been a health problem and explain:

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

**Non-prescription and prescription medicine must be turned in to the camp nurse,
with the exception of inhalers and bee-sting kits; please label all medications.**

Behavioral Concerns: _____

Activity Restrictions: _____

Please specify any health issues concerning the camper, not listed above, that would be helpful for us to know:

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

Parent Signature (camper if 18 or older): _____ **Date:** _____

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. I understand every effort will be made to notify parents or guardian of camper. I acknowledge that I have read this form completely and understand the camp's policies."

Parent Signature (camper if 18 or older): _____ **Date:** _____