

**MEDICAL INFORMATION AND RELEASE FORM**  
South Bay Youth Camp - Sierra Bible Camp July 31-August 7, 2010  
(To be completed and signed by camper's parent /guardian)

(Please print)

CAMPER'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_ Email(Optional) \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City, State, Zip code) Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Medical/Hospital Insurance carrier: (include company, address, policy and group number):  
\_\_\_\_\_

Does camper take any medicine: \_\_\_ Yes \_\_\_ No ( If yes, attach paper showing type of medication, dosage, times needed and reason taken). ALL MEDICATIONS brought into camp must be checked in with camp nurse. Medications must be in the original prescription bottle; no medications in unlabeled bottles please!

Note: If severely allergic to bee stings, please come prepared with any medication prescribed by your doctor for this.

**CHRONIC OR RECURRING ILLNESS:**

\_\_\_ Ear infection \_\_\_ Bleeding/clotting disorders \_\_\_ Asthma \_\_\_ Seizures \_\_\_ Diabetes \_\_\_ Heart defect/disease

\_\_\_ Autism Spectrum Disorder(Attach Immunization Records)

Other (specify): \_\_\_\_\_

**DATE OF LAST HEALTH EXAMINATION:** \_\_\_\_\_ Were any complicating medical problems noted in last health exam? (explain) \_\_\_\_\_

**ALLERGIES:** (check those that apply)

\_\_\_ Animals \_\_\_ Pollen \_\_\_ Foods (specify) \_\_\_\_\_ \_\_\_ Medicine/Drugs \_\_\_\_\_

**OTHER HEALTH CONDITIONS:** (check those that apply)

\_\_\_ Bedwetting \_\_\_ Fainting \_\_\_ Hearing impairment \_\_\_ Nosebleeds \_\_\_ Motion sickness \_\_\_ Wears glasses/contacts

\_\_\_ Autism Spectrum \_\_\_ Special diet (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**IMMUNIZATION DATES:** \_\_\_\_\_

**LAST TETNUS SHOT:** (approximate date) \_\_\_\_\_

Has camper had measles vaccination? \_\_\_ Yes \_\_\_ No

**ACTIVITY RESTRICTIONS:** \_\_\_\_\_

I, the undersigned parent/guardian, consent to the camper participating in the youth camp July 31-August 7, 2010. I authorize in advance for any adult camp staff member to consent to any medical or surgical diagnosis, treatment, and/or hospitalization, which is deemed necessary during the duration of camp. I understand a camper's health insurance is primary insurance unless camper has no insurance, in which case the CAMP'S insurance is effective. I accept the responsibility that my child is physically able to participate in sports and other camp activities (exceptions indicated on separate sheet). I understand that I will be required to pick up my child if he/she does not abide by the camp rules. I hereby release the staff and any supporting group from any financial liability for this applicant's participation.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

If I am not able to pick up my camper, I have designated a proxy to pick my camper up. Person to pickup my camper is \_\_\_\_\_