

MEDICAL INFORMATION AND RELEASE FORM
South Bay Youth Camp - Sierra Bible Camp August 2-August 9, 2008
(To be completed and signed by camper's parent /guardian)

(Please print)

CAMPER'S NAME: _____ Date of Birth: _____ M/F _____

Address: _____
(Street or P.O. Box)

_____ Ph: (_____) _____ - _____
(City, State, Zip code)

Name of parent/guardian: _____ Work Ph: (_____) _____ - _____.

EMERGENCY CONTACT: _____ Ph: (_____) _____ - _____.

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 in brought to 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 ___ 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) _____
___ Insect stings ___ Medicine/Drugs

OTHER HEALTH CONDITIONS: (check those that apply)

___ Bedwetting ___ Fainting ___ Hearing impairment ___ Nosebleeds
___ Motion sickness ___ Wears glasses/contacts ___ Special diet (specify) _____
___ Other (specify) _____

IMMUNIZATIONS: _____

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 August 4-August 11, 2007. 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 _____

