



## 2014 Health Form for Covenant Point Bible Camp

**Please bring this form with you to camp!**

358 W. Hagerman Lk Rd  
Iron River, MI 49935  
Phone: 906.265.2117  
Fax: 906.265.5123  
www.cpbc.com

- The following must be completed and signed by the parents/guardians of camper
- The intent of this information is to provide camp health personnel the background to give appropriate care.
- Any change to this form should be provided to camp upon participant's arrival at camp. Keep a copy for your records

For Office Use Only:

**Please Print Neatly, in ink.**

**Camper Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian Full Name:** \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ )  
Address: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ )  
Cell Phone: ( \_\_\_\_\_ )

**Parent/Guardian Full Name:** \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ )  
Address (or write "same"): \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ )  
Cell Phone: ( \_\_\_\_\_ )

**Emergency Contacts:** If above listed parents/guardians are not available in an emergency, please notify:

Contact Full Name (not parent/guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) Work Phone: ( \_\_\_\_\_ ) Cell Phone: ( \_\_\_\_\_ )

### **Medical Insurance Information:**

This camper is covered by family medical/hospital insurance  Yes  No

***Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.***

Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Company Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**Complete Immunization Record:** Fill in the date of each immunization shot on the lines provided below (one shot per line) or attach a photocopy of the complete shot record from the doctor. **You must submit current records each year as we can't keep them on file.**

| DPT/TD/Tdap/DTap | Polio-OPV/PV | Measles/Mumps/Rubella-MMR | Hepatitis B-HBV (not required) |
|------------------|--------------|---------------------------|--------------------------------|
| 1. _____         | 1. _____     | 1. _____                  | 1. _____                       |
| 2. _____         | 2. _____     | 2. _____                  | 2. _____                       |
| 3. _____         | 3. _____     | 3. _____                  |                                |

Tuberculosis (TB) test Date:  Negative  Positive

***If your camper has not been fully immunized, please sign the following statement:*** I understand and accept the risks to my child from not being fully immunized.

Signature of Parent//Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

### **Allergy Information:**

**Allergies to Medication:** List below or write "None" **Describe reaction and management of the allergy reaction**

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Camper Name: \_\_\_\_\_ Camp Dates: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Medications: Please list all medications** (including over-the-counter or nonprescription drugs) taken routinely. Only bring enough prescription medication (or over-the-counter medicine taken regularly) to last the entire time at camp. Keep it in the original packaging/bottle that identifies the drug, name of the medication, the dosage, the frequency of administration, and camper name. Attach an additional page, if needed.

This camper takes no medications on a regular or "as needed" basis. I will skip this section and continue on.

This camper takes the following medications:

Med 1: \_\_\_\_\_ Dosage \_\_\_\_\_ Times: B-fast    Lunch    Dinner    Bedtime    Other \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med 2: \_\_\_\_\_ Dosage \_\_\_\_\_ Times: B-fast    Lunch    Dinner    Bedtime    Other \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med 3: \_\_\_\_\_ Dosage \_\_\_\_\_ Times: B-fast    Lunch    Dinner    Bedtime    Other \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med 4: \_\_\_\_\_ Dosage \_\_\_\_\_ Times: B-fast    Lunch    Dinner    Bedtime    Other \_\_\_\_\_

Reason for taking: \_\_\_\_\_

**RESTRICTIONS:** The following restrictions apply to this camper: \_\_\_\_\_

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. These would be used as directed by camp health staff or camp protocols.

**Cross out those the camper should not be given.**

Acetaminophen (Tylenol)

Phenylephrine decongestant (Sudafed PE)

Guaiifenesin cough syrup (Robitussin)

Diphenhydramine antihistamine/allergy medicine (Benadryl)

Dextromethorphan cough syrup

Lice shampoo or cream (Nix or Elimite)

Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)

Pseudoephedrine decongestant (Sudafed)

Generic cough drops

Antibiotic cream

Aloe

Calamine lotion

Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

Camper Name: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

**General Health History: Circle "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

|  |     |    |   |     |    |
|--|-----|----|---|-----|----|
| 1. Ever been hospitalized?                         | Yes | No | 11. Had fainting or dizziness?                            | Yes | No |
| 2. Ever had surgery?                               | Yes | No | 12. Passed out/had chest pain during exercise?            | Yes | No |
| 3. Have recurrent/chronic illnesses?               | Yes | No | 13. Had mononucleosis ("mono") during the past 12 months? | Yes | No |
| 4. Had a recent infectious disease?                | Yes | No | 14. If female, have problems with periods/menstruation?   | Yes | No |
| 5. Had a recent injury?                            | Yes | No | 15. Have problems with falling asleep/sleepwalking?       | Yes | No |
| 6. Had asthma/wheezing/shortness of breath?        | Yes | No | 16. Ever had back/joint problems?                         | Yes | No |
| 7. Have diabetes?                                  | Yes | No | 17. Have a history of bedwetting?                         | Yes | No |
| 8. Had seizures?                                   | Yes | No | 18. Have problems with diarrhea/constipation?             | Yes | No |
| 9. Had headaches?                                  | Yes | No | 19. Have any skin problems?                               | Yes | No |
| 10. Wear glasses, contacts, or protective eyewear? | Yes | No |   |     |    |

**Please explain "Yes" answers in the space below**, noting the number of the questions. Use additional paper if needed.**Mental, Emotional, and Social Health: Circle "Yes" or "No" for each statement.**

Has the camper:

|  |     |    |
|--|-----|----|
| 1. Even been treated for attention disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?   | Yes | No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?   | Yes | No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?   | Yes | No |
| 4. Had significant life event that continues to affect the camper's life?<br>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, others) | Yes | No |

**Please explain "Yes" answers in the space below**, noting the number of the questions. Use additional paper if needed. The camp may contact you for additional information.**Consent and Release: This form must be signed prior to arrival for participation in any and all activities and to attend camp.**

To the best of my knowledge my child is in good health and I have fully disclosed all medical, psychological and/or emotional problems or concerns. In the case that the above medical information should change before arriving at camp, I will disclose changes in my child's health status in writing to the camp. I agree to update the camp prior to camp of any camp/school issues, (suspension, discipline) or social, emotional, or psychological issues that could affect my child or any other child. The camper herein described has permission to engage in all camp activities except as noted and to participate fully in a physically rigorous program both on and off the camp grounds, to be transported, and to participate in outings, and field trips conducted off Covenant Point's grounds. This completed form may be photocopied for trips out of camp.

I hereby give permission to the camp to provide routine health care, administer prescribed medication, order medication, secure treatment, seek emergency medical treatment including ordering x-rays or routine tests (and to order injection, anesthesia, and/or surgery) for the camper named above. I agree to the release of any records necessary for insurance purposes or copied for transportation record. I give permission to the camp to arrange necessary related transportation for the above named camper. 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 camper named above. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the camper. I also give permission for my child's photograph to be used in future promotional materials.

Signature of Parent/Guardian or Camper age 18+: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I also understand and agree to abide by any restrictions placed on my participation in camp activities.**

Signature of Minor Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Sign only if your parent/guardian has listed restrictions in the "Restrictions" area above.