

Clearwater Bible Camp HEALTH FORM

Office Use: Counsellors: _____ Cabin: _____

If any of this information changes inform the registrar when you arrive at camp.

Camper Name: _____ Care Card Number: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

MEDICAL HISTORY

Asthma Appendicitis Bleeding Disorder Diabetes Ear Infections
 Heart Problem Seizures Surgeries/Other Tonsillitis Tetanus: Up to date, Y or N

Details: _____

ALLERGY HISTORY

Peanuts Nuts Red Dye Gluten Seafood Wasps/bees Hay-fever/Pollen Animals Drug Allergies
 Other: _____ Details: _____

BEHAVIORS AND NEEDS WE SHOULD BE AWARE OF

ADD ADHD ODD FAS Bedwetting Sleep Walking
 Other: _____
 Details: _____

MEDICATIONS / PRECAUTIONS TO BE USED AT CAMP (Do not change your child's medication for camp. Use extra paper if necessary.)

Medical or Behavior Condition	Normal precaution/medication/treatment and dosage
Emergency symptoms	Emergency medication/treatment and dosage
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-All medications must be brought in their original containers. See pharmacist regarding bubble pacs for regular med dispensing.
 -All medications, prescription or non prescription drugs, must be given to CBC medical staff on Registration Day (ie throat lozenges, Tylenol, Aspirin, vitamins, etc.)

If your child requires regular dispensing of NON-prescription medications, please have his/her doctor complete the Doctor's Certificate below.

DOCTOR'S CERTIFICATE: Re: Regular Administration of Non-prescription Medications by Camp Medical Personnel

Diagnosis: _____ Date: _____

Medication: _____ Name of Physician: _____

Directions: _____ Signature: _____

YOUR CHILD SHOULD BE KEPT HOME FROM CAMP when he/she has head lice, a contagious illness, rash, infection, or undiagnosed symptoms of illness (fever, vomiting, diarrhea, persistent cough, etc.). **Someone MUST be available to pick up your child should he/she need to be sent home.**

Signatures are required on the next page.

Clearwater Bible Camp

HEALTH AND ACTIVITY WAIVER

I, (parent/guardian) _____, authorize CBC medical staff to administer first aid, and to seek all necessary medical attention for my child in the event that I or the emergency contact cannot be reached. I also authorize the dispensing of medications that accompany my child and the dispensing of common over the counter medication that might be needed (ie acetaminophen [Tylenol], antihistamines).

It is my understanding that activities at Clearwater Bible Camp (hereafter referred to as CBC) in which my child has enrolled have a 'risk' component. While CBC takes precautions and continually observes conditions and activities, hiking, swimming, jumping on the trampoline, inner tubing, and other activities all have risk inherent in participation.

I recognize and accept the possibility of bodily injury or property damage resulting from negligence or carelessness of other participants. I agree that CBC, its directors, officers, employees, and volunteers will not be liable to me or my child for incidents arising from the negligence or carelessness of other participants. I release CBC and its directors, officers, employees, and volunteers in respect of such bodily injury, property damage or loss.

Having read and understood the above, I agree to allow my child to participate in any and all programs at CBC. I recognize and accept all such dangers and hazards including without limitation the possibility of bodily injury and/or property damage and/or loss incident to vehicles of CBC. I also agree that CBC and its directors, officers, employees, and volunteers will not be liable for any loss, property damage, or bodily injuries sustained by my child or me.

I give permission for photographs of my child to be used for CBC promotional materials.

Signature: _____ Date: _____

Relation to child: _____

Child's first and last name: _____

Camper Pledge: "I will cheerfully participate in all camp activities and obey all camp rules."

Camper signature: _____ Date: _____