



FOR OFFICE USE ONLY	
Camp/Event/Mission Engagement:	_____
Form Received on:	_____ By: _____

CAMPER HEALTH FORM

For Use at Carson Springs and Linden Valley Baptist Conference Centers
And Other Ministries of the EXECUTIVE BOARD OF THE TENNESSEE BAPTIST CONVENTION

Return Completed Form to:

Your church group leader for inclusion with church roster

Questions?
Call your church group leader who will contact the camp.

Event: _____ Dates: _____ Location: _____

Camper Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ / _____ / _____ Boy Girl
Month Day Year

Parents/Guardians: _____

Preferred Phone #: (_____) _____ Alternate Phone #: (_____) _____

Church _____

About health care for short-term camp stays:

- Campers should arrive ready to participate in the program. Should your camper be unable to participate, inform your church group leader about specific limitations. A separate form (Participant Release: Primary Release, Assumption of Risk, and Publication Release) is required for participation in camp activities.
- Campers should bring – and use – insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).
- Unless otherwise instructed in writing on this form, all camper medications will be collected and dispensed according to your instructions by the designated camp medical person.
- In case of emergency, your attorney-in-fact will either call the local ambulance service or have the child transported to a clinic or hospital which may be at least 15-20 minutes from the camp.

Camper Health Background:

1. Date (month & year) of camper's most recent tetanus immunization: _____
2. Is this camper allergic to any food or medication? Yes No
 If YES, name the item and indicate the reaction: _____ Intolerance Anaphylaxis
 _____ Intolerance Anaphylaxis
3. Does this camper have asthma? Yes No
 If YES, will the camper carry a rescue inhaler during the camp session? Yes No
 If YES, does the camper need staff help to use that rescue inhaler? Yes No
 If YES, what triggers the camper's asthma? _____
4. If there is a question about the camper's health and/or in an emergency, your attorney-in-fact will make an attempt to contact you. Please provide emergency contact information for a custodial parent who will be available via phone while your child is attending our program.
 Name of Parent: _____ Phone: (_____) _____

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
 Name of camper's dentist(s): _____ Phone: (_____) _____
 Name of orthodontist(s): _____ Phone: (_____) _____

5. Medication: "Medication" is any substance a person takes to maintain and/or improve health. This includes vitamins & natural remedies. Send medications in original pharmacy containers with labels which show the camper's name and how much medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

_____ This camper WILL NOT take any daily medications while attending camp.

_____ This camper will take the following daily medication(s) while at camp.

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		

The following non-prescription medications may be stocked in the camp First Aid Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should not be given.

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program including special dietary needs: (attach a separate sheet if needed).

7. Parent/Guardian Authorization

- I hereby appoint the Camp Manager, Camp Director and/or the Camp Nurse of the Executive Board of the Tennessee Baptist Convention's camp attended by the minor camper listed on this form, as my attorney-in-fact and vest any of them with authority to authorize any necessary medical treatment for the camper.
- I understand that the camp may not be able to accommodate the special needs of the minor campers, such as dietary needs or allergies.
- I understand that I have purchased through the Executive Board of the Tennessee Baptist Convention, by means of the camp fee, a limited accident and illness insurance policy. This policy may pay up to \$2,500 of medical expense, with certain exceptions, for medical treatment required by the camper on this form. Pre-existing and self-inflicted injuries or illnesses are not covered by this policy. Furthermore, I agree to pay any and all medical expenses incurred in the care of this camper, not covered by this policy.
- I agree that the camper is bound by the applicable policies and rules, as amended from time to time. All decisions of the Camp Director are final.
- I agree to accept the risks to my child from not being fully immunized, if such is the case.
- I understand that the camp has limited healthcare on site and that staff will attempt to contact the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue attending the event because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.
- Further, as consideration for my minor child participating in the above mentioned event, I (1) acknowledge that there are certain risks and dangers do exist, including, but not limited to, the hazards of being in a wilderness-type setting, the forces of nature, other acts of God and those existing because of the activities themselves and/or the content of the programs (e.g. the hazards of depending on other people); (2) do hereby assume all risks associated with participation in activities such as walking, running, hiking, etc.; and (3) do hereby hold harmless and agree to indemnify the Executive Board of the Tennessee Baptist Convention, the Tennessee Baptist Convention, their directors, officers, employees, volunteers or agents for any accident which may occur or injury which may be suffered directly or indirectly by my minor child from participating in activities. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors and administrators, for me, my child if my child is a participant, and my and my child's personal representatives and next of kin in the event of my or my child's death or incapacity.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____