



Texas Baptist Encampment

HEALTH CARD / CAMPER REGISTRATION FORM

CAMPER INFORMATION

This information is for a (please circle only one):			Child / Youth (under 18)	Adult (18 & over)
First name:	Last name:	Full address w/ city & zip code:		
Age:	Date of birth:	Church name & city:		
Parent / Guardian name:	Relationship to camper:	Full address (if different):		
Parent's Home Phone(s):	Parent's Work Phone(s):	Parent's Cell Phone(s):		

MEDICAL HISTORY

Circle any and all conditions that this camper / adult currently has or has had in the past and then explain specifically:
 Diabetes Heart Asthma Seizures Hypertension Bleeding Disorder Broken Bones Thyroid Kidney Epilepsy Other

*Allergies:

IMPORTANT! - Please check your child for head lice at this time and, especially, prior to departure for the camp.

IMMUNIZATION RECORDS (List here or attach shot record. This section not required for adult Shepherds.)

***VERY IMPORTANT!** – Texas state law requires that certain information be disclosed. Your cooperation as leaders and parents will aid in that. This form **must have allergy and current immunization** information listed with exact dates for anyone under 18. This may be an inconvenience but state law **requires guests to be sent home immediately** that do not give complete information.

Immunizations:	DPT / DT	Polio	MMR	TB	Other:
Exact Date:	_____	_____	_____	_____	_____

(Only if applicable) I have chosen to not have my child immunized: (Signature) _____

MEDICATIONS

List only current medications sent with camper:	Specific instructions on taking each medication, i.e. how much, how often, certain times, etc...
1.	
2.	
3.	

**** Texas law requires that all prescription medications (meds) for children & youth be stored & dispensed only by the Camp Health Officer (CHO). For a further step of safety, TBE recommends that all youth & adult meds, prescription & non-prescription, be stored & dispensed only by the CHO. This recommendation will be at the discretion of the group leader and the CHO. Prescription meds shall be sent in the original container with prescription label and gathered in a clear ziploc-type bag with camper name & church clearly marked. Upon camper arrival, the CHO shall place meds and related paraphernalia in a lockable storage area not accessible to campers. Meds shall be administered only by the CHO, unless otherwise allowed. At no time shall a child or youth be allowed to carry or self-administer meds without adult supervision, except in the case of immediate-use meds needed for life-threatening conditions (i.e. bee-sting meds, inhaler, etc...) and limited medications approved for use in first-aid kits. In each of these cases, the camp shall have on file a written statement of medical necessity from the prescribing doctor or the written approval of the Camp Health Officer for any camper to carry medication and related paraphernalia or devices.**

EMERGENCY AUTHORIZATION

Parent or Guardian:	Insurance company, name of insured, & policy number:		
Daytime phone: () -	Evening phone: () -	Doctor's name:	Office phone: () -
Other contacts:	Cell phone: () -	Dentist's name:	Office phone: () -

I understand that any youth or adult with a high fever will be sent home. I hereby authorize the camp health officer to administer medication to this child. If a medical emergency should arise while the above youth or adult is in attendance at TBE, I hereby authorize the camp health officer or camp director to provide care &/or transport them to a medical facility. I further authorize the medical facility to administer necessary care upon arrival. I do understand that camper insurance at TBE is secondary to personal insurance which should be used for any claims occurring at TBE.

Signature of parent/guardian or adult camper: _____ Print name: _____ Date: _____