

BIBLE MEMORY CAMPER HEALTH HISTORY FORM

Parent or Guardian, The following information is requested so that the camp and parent can work together to meet the physical, intellectual, and emotional needs of the child. Please fill in the information requested below.

Child's name _____ Last _____ First _____ MI _____ Sex _____ Date of birth _____

Address _____ Number & Street _____ City _____ State _____ Zip _____ Telephone (home) _____

Parents or Guardian's Name _____ Last _____ First _____ MI _____ Telephone (work) _____

Address _____ Number & Street _____ City _____ State _____ Zip _____ Emergency phone _____

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 Medications needed or used (including psychiatric drugs)
 Kind _____ Frequency _____ Dosage _____ Currently being given?
 _____ Yes _____ No
 _____ Yes _____ No

List any special conditions to watch for such as behavioral patterns, & ALLERGY reactions _____

Should the child's activity be restricted because of any physical challenges or illness? _____ Yes _____ No

If yes, explain: _____

NOTE: Prescription drugs must be brought to camp in BOTTLES with medical orders and name of the drug and physician's name. All medication should be labeled with the camper's name.

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MEDICAL EMERGENCY CARE AUTHORIZATION

I hereby give permission to Bible Memory Ministries to secure medical and surgical treatment and to provide routine, non-surgical medical care, for the minor child named above, while attending camp.

Parent or Guardian Signature _____ Date _____

Family Physician _____ Phone () _____ - _____

Family Insurance Company _____ Policy # _____

All campers are covered under an accident insurance second rider policy while at camp.

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PLEASE INITIAL AND SIGN THE RELEASES BELOW

- 1) **PUBLICITY RELEASE:** _____ My initials on this line grant permission to Bible Memory to use photographs, voice and/or video recordings of my child for Bible Memory marketing and public relations.
- 2) **RISK RELEASE FORM:** I (we) understand that participation in Bible Memory summer camp involves activities on and off campus that may contain a degree of risk. I understand that while precautions are taken to provide proper equipment, follows written safety procedures, and trains staff for each activity on and off campus, it is impossible for them to guarantee absolute safety. In consideration of these facts I release, waive and discharge Bible Memory, the board of directors, staff and volunteers from any liability.
- 3) **I GIVE MY PERMISSION FOR** _____ **TO PICK MY CHILD UP AT CAMP.**
- 4) **PLEASE DO NOT RELEASE MY CHILD TO** _____

X Signature of parent or legal guardian _____ **I WILL PICK MY CHILD UP** _____

BRING THIS SIGNED FORM AND THE REGISTRATION FORM TO CAMP.