

EASTERN MONTANA BIBLE CAMP HEALTH AGREEMENT

Family Physician _____ Address _____ Phone _____

Your Insurance Carrier Policy/Group # _____

How may you be contacted in case of an emergency? _____

Person to contact if family can't be contacted _____ Phone _____

Person(s) other than named above, to whom the camp may release the child upon request:

Do you have any known allergic reactions (include food, medicine, plants, insects)?

Do you have any illnesses requiring medication? _____

Medication _____ Dosage _____ Prescribed by _____

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All medicines must be in container from the Pharmacy with the Pharmacy labels attached and sent with the camper and be reported and checked in with the camp nurse

If your child is taking behavior modification medicine, please continue medication through camp

What kinds of situations might cause your child distress? _____

Does your child wear Medic-Alert Tags? Yes _____ No _____ Where? _____

Is your child subject to: (Answer yes or no) _____ Abdominal Pain _____ Ear or Sinus Trouble _____ Heart

Trouble _____ Asthma _____ Epilepsy _____ Nose Bleeds _____ Bedwetting _____ Fainting Spells _____

_____ Sleep Walking _____ Cramps _____ Hay Fever _____ Tonsillitis _____ Diabetes _____ Headaches _____

Other _____

Describe child's reactions or other information we should know

(e.g.Disabilities): _____

Date of your last tetanus shot? _____

List any chronic illness or other condition for which your child needs treatment. (Explain - This is for a physician who might need to treat your child in case of illness or injury or for the insurance company.)

Authorization: I _____ being the parent or legal guardian of _____

affirm that this form is complete and accurate to my knowledge and grant permission for her/him to participate at Eastern Montana Bible Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident. I give permission for the Camp Nurse to administer simple medications such as aspirin, Tylenol, Pepto Bismal, cough syrup, etc., to my child. In case of a medical emergency, if I cannot be reached, I give permission for the director of the Camp to contact a physician. If I cannot be reached, I give permission for the attending physician to treat her/him in an emergency situation.

I AGREE TO THE TERMS ABOVE:

Signature of Parent or Guardian Date

Mailing Address, City, Zip

Best Telephone number to reach you