

Health History

Mark "X" for past conditions and "C" for current conditions.

- Appendicitis Asthma Bedwetting Bleeding disorders
 Diabetes Ear trouble Heart trouble Fainting spells
 Hernia Homesickness Nervousness Rheumatic fever
 Seizures Sinus trouble

Date of last Tetanus booster: ____/____/____

Does the camper wear contact lenses? Yes No

Allergies (check all that apply): Hay fever Insect stings Aspirin Penicillin
 Other _____

Diseases & vaccinations: Mark "D" for having had the disease and "V" for having the vaccination.

Chicken pox Mumps German Measles

Please describe any other conditions that may affect your child's participation at camp
(attach sheet if necessary) _____

MEDICATION: If your child will receive any medication while at camp, you will be asked to complete a written instruction sheet and leave all medications with the camp office.

Do you grant PRBC permission to treat your child with the following medications as used in the appropriate circumstances?

Tylenol (acetaminophen), Ibuprofen, Claritin (Loratadine), Benadryl (Diphenhydramine), EpiPen, Orajel, Robitussin CF, Multi-Symptom Cold/Flu Relief Softgels, Tums, Rolaids: Multi-Symptom, Swim Ear, Eye Wash (eye irrigation solution), other topical creams and lotions as per PRBC's physician approved standing orders (www.parkriverbiblecamp.org/standingorders.html).

Yes No Exceptions _____

Permission / Medical & Legal Release

We, the parents or guardians of the child named, give permission for said child to participate fully in this retreat. We also authorize any medical care needed should such a situation arise. We agree to pay for any needed care. In no way will we hold Park River Bible Camp, board members or any staff liable. We also consent to the use of photos or videos of the named child for promotional purposes.

Signature of parent / guardian

Date

Please list any emergency contact information, including phone numbers:

Health Insurance Provider: _____

Name Insured / Policy #: _____