**SENECA LAKE CAMP/RETREAT MEDICAL FORM – Kid’s Kamp**

To be completed by all adult participants and the parent/guardian of all underage participants.

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| **NAME** **DATE OF EVENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **BIRTH DATE** **AGE** **SEX (M/F)**  **PARENT/GUARDIAN HOME & WORK PHONE** ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_ / ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_  **ADDRESS** **CITY** **STATE** **ZIP** \_\_\_\_\_\_\_\_\_\_\_\_  **IN AN EMERGENCY NOTIFY RELATION \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HOME PHONE** ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WORK PHONE** ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CHURCH** **CHURCH PHONE** ( \_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Frequent Colds |  | Stomach Upsets |  | Chickenpox |  | Sinusitis |  | Kidney Trouble |  |
| Measles |  | Ear Infection |  | Heart Trouble |  | German Measles |  | Bronchitis |  |
| Diabetes |  | Fainting |  | Tuberculosis |  | Whooping Cough |  | Rheumatic Fever |  |
| Convulsions |  | Epilepsy |  | Mumps |  |  |  |  |  |

**HEALTH HISTORY:** (Check as applicable, giving approximate dates)

Operations or Serious Injuries (list):

**ALLERGIC REACTIONS:** BEE STING PENICILLIN OTHER DRUGS

SERIOUS IVY / OAK OR SUMAC POISONING:

Details of above or additional information:

**IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents/guardian of campers. In the event I cannot be reached, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. The camp provides accident medical coverage. This insurance is secondary to your, or your child’s primary coverage, therefore, please provide your insurance carrier and the policy number. *Please attach a copy of your insurance card to this form.***

Insurance Carrier: Policy Number:

SIGNATURE DATE:

**PHOTOGRAPHY:** Group and individual photos/video will be taken during camp. These may be used for promotional purposes and be displayed in the *Ohio Baptist*

*Messenger,* Camp Facebook Pageand SCBO website. ***If you DO NOT wish for your child’s photo/video to be printed or appear online, please initial this box.***

To ensure this request is honored, please attach a photo to this form.

**MEDICATIONS FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper’s Name**

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| For the safety of all concerned, it is the policy of Seneca Lake Baptist Assembly that ALL medication, other than special cases, be held and distributed through the First Aid Station by the nursing staff.  Over-the-counter medications are available in the First Aid Station. **ONLY** prescription medications need to be sent to camp. Medications must be brought to camp in the original container, with the correct dose, correct schedule, and correct person’s name on the label.  Please list the name of the medication and the dose schedule below: |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICATIONS** | **DOSAGE** | **TIMES** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
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Please do not write below this line: