



Glacier Camp - Summer Vacation Bible Day Camp Health Form

Camper's Name: _____
 Parent/Guadian Name: _____ Phone number: _____
 Name of Physician: _____ Phone number: _____

Does Camper have medical/hospital insurance? Y N, Insurance Carrier: _____
 Group# _____ Policy # _____ Name of Policy Holder: _____ Relationship to Camper: _____

Immunizations: Please give date of last booster:
 DPT: _____ MMR: _____ TD(Tetanus): _____ Polio: _____ Hepatitis B _____
 Influenza B _____ Covid _____

Name **ALL** allergies, health concerns and physical restrictions and food allergies: _____

Medication:

ALL medication must be turned in upon check-in. Please clearly mark all over the counter medication with the camper's name and instructions. All prescription medication must have original prescribing information and must be prescribed to the camper. In addition to regular medication please include emergency treatments that your child may need such as an EpiPen or Glucagon etc.

	Medication	Dose	Time	Quantity of meds brought	Reason for taking
1					
2					
3					
4					
5					

Restrictions and other information: Please provide any other information or restrictions that would be necessary or helpful for our staff to know about your child. _____

Authorizations:

Accuracy of information: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except as noted.

Administration of medication: I understand that all medications (prescription and nonprescription), with full instructions for taking, brought by my child to camp will be turned over to and stored by Glacier Camp Staff along with this form. I hereby agree to waive any cause of action against the Camp, director, staff, sponsors, or any employee of Glacier Camp for illness, injury or death of my child arising from is or her failure to take said medication as properly prescribed by his/her physician. I have explained the proper method of taking medication to him/her and he/she understands and agrees to take the medication as prescribed.

Emergency Authorization: I hereby give permission to the medical personnel selected by the event director to order x-rays, routine tests and treatment for my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named above. This completed form may be photocopied for use by the camp.

Covenant agreement: I have discussed appropriate behavior with my child and the importance of following the rules for Glacier Camp. I agree that should my child break any rules established by Glacier Camp and it be deemed necessary by the event director to send my child home early, I will pay the transportation costs.

Participant's Signature Date

Parent/Guardian Signature Date