

Camp Attending \_\_\_\_\_ Year \_\_\_\_\_

## WEST VIRGINIA BAPTIST CAMP AT COWEN PERMISSION FOR EMERGENCY TREATMENT & HEALTH HISTORY

Please fill out this form as completely as possible. Campers are not singled out, made to feel embarrassed or treated differently because of information gathered from the health form. Rather, the more we know ahead of time, the easier it is to help your child have a successful experience at camp. Thank you! Please mail or bring this form to camp on your day of arrival. Every camper needs a completed health form to participate in any Cowen summer camp programs.

### SECTION I - BASIC CONTACT INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at Camp \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Address City State Zipcode

Social Security Number of participant \_\_\_\_\_ Gender:  M  F

Camper Lives With:  Mother & Father  Mother  Father  Grandparent  Other: \_\_\_\_\_

Custodial Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from above) Street Address City State Zipcode

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address City State Zipcode

If not available in an emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zipcode

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist/Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, that failing to reach me, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release the West Virginia Baptist Convention, the Camp Cowen Board, the Parchment Valley Board of Directors, the West Virginia American Baptist Youth, and all persons associated with these organizations from any liability associated with any accident, injury or disease to the person who is the subject of this form.

SIGNATURE OF PARENT/GUARDIAN OR ADULT CAMPER/STAFFER \_\_\_\_\_

### SECTION II - NOTARY

STATE OF WEST VIRGINIA

County of, \_\_\_\_\_, \_\_\_\_\_ to wit:  
I, a qualified Notary Public, in and for the County aforesaid, hereby certify that the person whose signature appears above, did on this date, appear before me, after begin duly sworn or affirmed, and reading this document in its entirety did affix his or her signature hereto in my presence.

\_\_\_\_\_ NOTARY PUBLIC Date Executed \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Please imprint seal in the area to the right:

### SECTION III - TRANSPORTATION

In order to protect your child, please provide us with the following information:

Who will be picking your child up at the West Virginia Baptist Camp at Cowen at the close of camp?

Name \_\_\_\_\_

Is there anyone in particular whom you do not want to pick your child up at the close of camp? If yes, please list the name(s) below:

Name \_\_\_\_\_

Name \_\_\_\_\_

THANK YOU FOR HELPING US PROTECT YOUR CHILD.

**SECTION IV - INSURANCE INFORMATION**

Is the participant covered by family medical/hospital insurance: YES NO

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_

Address for Claims \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Policy Holder's Social Security # or Insurance ID # \_\_\_\_\_ Employer \_\_\_\_\_

**SECTION V - MEDICATIONS AND RESTRICTIONS**

Will camper be taking medications while at camp?  Yes  No (Medications include prescription, over-the-counter, vitamins, inhalers, etc.)

If camper will be taking medications while at camp, please list all (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed. When you check-in at camp, please provide all medications in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

NAME OF DRUG	DOSAGE AMT.	TIMES GIVEN	TOTAL DAILY DOSE	REASON FOR MEDICATION	NOTES*
Example: Mellaril	50 mg	8am & 5pm	100 mg	Behavior	Crush pill

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Special Instructions or Considerations for Minor Illness**

Unless specific instructions are provided, camp health care staff will treat minor illnesses with over the counter medications. If illness persists, parents will be notified.

\_\_\_\_\_  
\_\_\_\_\_

Identify any medications the camper takes during the school year that the camper does not/may not take during the summer:

\_\_\_\_\_

I grant permission for the camp health director to administer: (Please circle your choice for each over-the-counter medicine below)

Aspirin Yes No      Non-Aspirin Yes No      NSAID (ibuprofen/Advil, Motrin) Yes No      Cough Medicine Yes No  
Benadryl Yes No      Pepto-Bismol Yes No      Maalox Yes No      Imodium Yes No

Parent Signature for over-the-counter administration \_\_\_\_\_

**SECTION VI - ALLERGIES**

Camper does not have any allergies.

Camper is allergic to

1. Hay Fever    2. Poison Ivy/Oak    3. Insect Stings    4. Food    5. Penicillin    6. Other Drugs    7. Other \_\_\_\_\_

Please specify allergy. Describe reaction and treatment. \_\_\_\_\_

\_\_\_\_\_

Any change to this form should be provided to camp health personnel upon camper's arrival in camp.