

Camper Name: _____		
First	Middle	Last
Optional Health History: <i>This will be used in case of emergency or other medical situation to help inform & guide decisions as well as communicate medical history succinctly to emergency medical personnel.</i>		
<input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: _____ Age: _____ Height: _____ Weight: _____ Vaccine Status: <input type="checkbox"/> Up to date <input type="checkbox"/> Partially vaccinated <input type="checkbox"/> unvaccinated		
Emergency contacts: *Required Parent/guardian with legal custody to be contacted in case of illness or injury: _____ Relationship to Camper: _____ Preferred Phone: _____		Parent/guardian with legal custody to be contacted in case of illness or injury: _____ Relationship to Camper: _____ Preferred Phone: _____
Allergies: <input type="checkbox"/> No known allergies. <input type="checkbox"/> This camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> Environmental (insect stings, hay fever, etc.) <input type="checkbox"/> Other <i>(Please describe below what the camper is allergic to, and the reactions seen.)</i>		
<input type="checkbox"/> Please check here if camper carries his/her own Epi-Pen. <input type="checkbox"/> Please check here if camper carries his/her own inhaler.		
General Health History: Check "Yes" or "No" for each statement.		8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 13. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain "Yes" answers in the box below, noting the number of the question. Please add any health history you think would be helpful for us to know in an emergency.
Additional info:		
Current Medications:		
<input type="checkbox"/> This camper will not take any daily medications while attending camp.		
OTC Medication Consent: The following non-prescription medications are stocked by our nurses & can be used on an as needed basis to manage illness and injury. <i>Please check boxes for medications you consent to be given as needed.</i>		
<input type="checkbox"/> All Over the Counter ok (or select below)		<input type="checkbox"/> Aloe <input type="checkbox"/> Hydrocortisone ointment for itching skin <input type="checkbox"/> Calamine lotion <input type="checkbox"/> Saline wound clean spray <input type="checkbox"/> Antiseptic spray <input type="checkbox"/> Cough drops
<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil, Motrin) <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (Benadryl) <input type="checkbox"/> Bismuth subsalicylate for diarrhea (Pepto-Bismol) <input type="checkbox"/> Laxatives for constipation (Mira-lax, Colace) <input type="checkbox"/> Antibiotic cream/ointment		
Parental Consent: *Required		
Student Ministries Summer Camp June 1-4, 2023		
I hereby authorize the participation of _____ in activities of the Grace Bible Church Student Ministries Winter Camp. I, on behalf of myself and other parents and guardians of the minor, do hereby release Grace Bible Church, its staff from all claims and causes of action by reason of any injury which may be sustained as a result of participation in this camp.		
I hereby give my permission to Grace Bible Church staff to secure a physician, nurse, or dentist for the purpose of providing emergency medical or dental aid, including transportation to and from necessary facilities, as may be required by the illness or injury of the above-named individual. I further agree that I will not hold Grace Bible Church responsible or liable for its actions taken in such an emergency.		
X Signature of parent, legal guardian, or student 18 or over		_____ Date
*Only this box & emergency contact boxes are required for camp attendance. All the other information would be helpful to nurses & staff in case of an emergency but is not required. Please note that your child's privacy is of utmost importance to us & this information will be protected in accordance with HIPPA standard.		