



Texas Baptist Encampment



HEALTH CARD / CAMPER REGISTRATION FORM

CAMPER INFORMATION

This information is for a (please circle only one):			Child / Youth	Adult (18 or over)
First name:	Last name:	Full address w/ city & zip code:		
Age:	Date of birth:	Church name & city:		
Parent / Guardian name:	Relationship to camper:	Full address (if different):		
Parent's Home Phone(s):	Parent's Work Phone(s):	Parent's Cell Phone(s):		

MEDICAL HISTORY

Circle any and all conditions that this camper / adult currently has or has had, and then explain specifically: Diabetes Heart Asthma Seizures Hypertension Bleeding Disorder Broken Bones Thyroid Kidney Epilepsy Other
*Allergies (any and all):
IMPORTANT! - Please check your child for head lice at this time and, especially, prior to departure for the camp.

IMMUNIZATION RECORDS (List here or attach shot record. This section not required for adult Shepherds.)

*VERY IMPORTANT! – Texas state law requires that certain items of information are included and completely filled out. We are asking your cooperation as leaders and parents to make sure that all information is correct and accurate. This form must have allergy and current immunization information listed with exact dates for anyone under 18. We know this may be an inconvenience to you but state law requires us to send guests home immediately that do not have complete and accurate records. Please complete this					
Immunizations:	DPT / DT	Polio	MMR	TB	Other:
Exact Date:	_____	_____	_____	_____	_____
(Only if applicable) I have chosen to not have my child immunized: (Signature) _____					

MEDICATIONS

List only medications currently being taken by camp participant and sent with them to camp:	Specific instructions on taking each medication, i.e. how much, how often, certain times, etc...
1.	
2.	
3.	
**All medications must be sent in a Ziploc bag with camper name and church clearly marked on it. It must also be in the original container. According to Texas law, all medications, prescription & non-prescription, must be held & dispensed by the camp nurse or physician ONLY. The only exceptions are asthma inhalers or other emergency meds that need to be carried at all times but they <i>must</i> be reported & listed here.	

EMERGENCY AUTHORIZATION

Additional Contacts (name and relationship to camper):		Insurance company, name of insured, & policy number:	
Daytime phone: () -	Evening phone: () -	Doctor's name:	Office phone: () -
Pager number: () -	Cell phone: () -	Dentist's name:	Office phone: () -
I understand that any youth or adult with a high fever will be sent home immediately. I hereby authorize the camp nurse or camp director to administer the medication listed on this form. If a medical emergency should arise while the above youth or adult is in attendance at Texas Baptist Encampment, I hereby authorize the camp nurse or camp director to provide care to this youth or adult and / or transport them to a medical facility. I further authorize the health care provider to administer necessary care upon arrival at the medical facility. I do understand that camper insurance at TBE is only a secondary backup to my own personal insurance policy. Personal insurance should be used for any claims occurring at TBE.			
Signature of parent/guardian or adult camper:		Print name:	Date: