

# Bambi Lake Camp Health Certificate

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Housing: \_\_\_\_\_ Cabin Leader: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship (If Guardian): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In Case of Emergency, If parent or guardian not available, contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **Insurance Information** (Please attach copy of insurance card to this certificate.)

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Policy Holder Employer: \_\_\_\_\_ Policy Holder Birth Date: \_\_\_\_\_

## **Health History**

Please check if camper has a health problem listed below:

_____ Hay Fever, Asthma, sneezing	_____ Sleep walking	_____ Eczema/frequent skin rashes
_____ convulsions/seizures	_____ heart trouble	_____ trouble passing urine/bowels
_____ Headaches	_____ bed wetting	_____ Stomach trouble
_____ More than 4 earaches per year	_____ dental problems	_____ frequent colds/sore throat
_____ diabetes	_____ shortness of breath	Other: _____

Has girl been told about menstruation?  yes  no Has girl menstruated?  yes  no

Activities to be restricted (Swim test to be given by Life Guard)

Swimming \_\_\_\_\_ Diving \_\_\_\_\_ Hiking \_\_\_\_\_ Other \_\_\_\_\_

Does camper currently have any infectious disease?  yes  no

If yes, please explain: \_\_\_\_\_

Please list known allergies: \_\_\_\_\_

Please list any other serious injuries, operations and other health problems, behavioral or special health considerations that the Camp Health Officer or Cabin Leader should be aware of (use back if necessary).

## **Dates of Immunizations:**

DTP \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Polio \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tetanus \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Measles \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child is currently taking: (Please use other side to list additional medications if necessary)

<u>Medication</u>	<u>How Often</u>	<u>What Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **Bambi Lake Policies & Acknowledgement**

- Campers MUST bring this certificate to camp completely filled in and signed by parent or guardian. Campers arriving without the required health information may be sent home.
- **ALL MEDICATION** (prescription, OTC, Vitamin, etc.) must be left with the camp Health Officer. **ALL MEDICATION** (prescription, OTC, Vitamins, etc.) must be labeled and in their original containers.
- It is the policy of Bambi Lake Baptist Camp to release campers only to parent or guardian or other designated individual named below by parent or guardian. Please list individuals to whom camper may be released:

I have read and understand these policies. Please Initial: \_\_\_\_\_

## **Authorization**

I hereby give permission to the camp, which is licensed by the State of Michigan, to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_