

TEXAS BAPTIST ENCAMPMENT HEALTH CARD

CAMPER INFORMATION: This information is for a (please circle only one): **Child / Youth** **Adult (18 or over)**

First Name	Last Name	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	Parent's work phone	Parent's cell phone

MEDICAL HISTORY: Circle any and all conditions that this camper / adult currently has or has had: Diabetes, Heart , Asthma, Seizures, Hypertension, Bleeding Disorder, Broken Bones, Thyroid, Kidney, Epilepsy, Other
 Specific Explanation: _____

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. Thanks for your help!

Immunizations: DPT / DT Polio MMR TB Other

Exact Date: _____ _____ _____ _____ _____

(Only if applicable) I have chosen to not have my child immunized: (Signature) _____

MEDICATIONS: 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 must be reported & listed here.

EMERGENCY AUTHORIZATION: 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: _____ Date: _____

Print name: _____