

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

Second Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

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

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

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

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

SECTION II - NOTARY

STATE OF WEST VIRGINIA

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 \_\_\_\_\_

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: Please fill in the information on the reverse side of this form.

**SECTION III - 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 IV - 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.*

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at what times \_\_\_\_\_

Reason for Taking \_\_\_\_\_

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

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at what times \_\_\_\_\_

Reason for Taking \_\_\_\_\_

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

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at what times \_\_\_\_\_

Reason for Taking \_\_\_\_\_

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.*

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

**SECTION V - 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

List allergy. Describe reaction and treatment.

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

**SECTION VI - TRANSPORTATION**

**WE ARE CONCERNED ABOUT THE SAFETY OF YOUR CHILD.**

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.**