

Bring to Camp

CAMPER HEALTH FORM

Bethelwoods Camp

Name of Counselor

Name of Camp

Session Dates

HEALTH HISTORY AND MEDICAL RELEASE

CAMPER'S NAME _____ BIRTHDATE ___/___/___ AGE _____

ADDRESS _____ CITY _____ ZIP _____

NAME OF PARENT/GUARDIAN _____ HOME PHONE _____

WHERE CAN YOU BE REACHED _____ WORK PHONE _____

NAME OF PHYSICIAN _____ PHONE _____

Name of two alternates (relatives or friends) whom you authorize to act on your behalf :

NAME _____ PHONE _____

NAME _____ PHONE _____

HEALTH HISTORY:

IMMUNIZATION:

ALLERGIES:

(please give most recent dates)

(please give most recent dates)

- Heart defect/disease
- Freq. ear infection
- Bleed/clotting disorder
- Diabetes
- Respiratory disease
- Asthma
- Sleepwalking
- Bedwetting

- Serious Injury
- Chronic Illness
- Convulsions
- Chicken Pox
- Measles
- Rubella
- Mumps
- Surgery

- DPT Series
- Polio Series
- DPT Booster
- Polio Booster
- Tetanus Booster

- Plant
- Food
- Bee Sting
- Insects
- Penicillin
- Other Drugs
- Other

Details of above _____

Specific activities to be encouraged or restricted _____

Has camper any known physical, mental or social difficulties for which special consideration may be given at camp:

MEDICATION: Is camper bringing medication to camp? _____ Specify _____

NOTE: Directions for administering medication must be on the label as well as name of recipient. Medication will be given only by the Camp Health Care Supervisor.

FEMALE CAMPERS: Has camper menstruated? _____ If not, has she been told? _____

If so, is her menstrual history normal? _____ Any Special considerations _____

RELEASE FOR EMERGENCY TREATMENT -MUST BE COMPLETED FOR ATTENDANCE AT CAMP

(All medical information will remain confidential)

PARENT AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and/or the examining physician. I will take the responsibility to see that my child is properly prepared for all activities including having proper clothes and equipment and being in good health. I give permission to provide routine health care , administer prescribed medications and in the event of medical or surgical emergency, after every reasonable effort has been made to contact me, the physician or one of the alternates listed above, I hereby give my permission to the physician secured by the adult in charge to hospitalize, secure treatment for and to order X-rays, injections, anesthesia, or surgery for my child named above. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such an emergency.

DATE _____ Signature of Guardian _____

Insurance Policy & Number _____

MEDICAL EXAMINATION

To be filled out and signed by a licensed physician based on examination during the previous nine months.

I find the applicant to be in good health and able to take part in activities at Camp with the following exceptions:

NONE ___ HIKING ___ SWIMMING ___ BOATING ___ BIKING ___ BACKPACKING ___

OVERNIGHT ___ TRIPS ___ OTHER _____

Conditions which require special consideration _____

Comments on Health History (See reverse side):

DATE OF EXAM _____ SIGNATURE _____ M.D.

PHONE _____ ADDRESS _____

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OR

WAIVER OF MEDICAL EXAMINATION

Bethelwoods Camp recommends that all enrollees in Bethelwoods sponsored camping programs have a current medical examination prior to entering into these programs. Such examination is required by Bethelwoods unless the following waiver and indemnity agreement has been signed. This agreement must be accompanied by the completed health history, signed by the parent or legal guardian and brought by the camper on the first day of camp.

I, the undersigned parent or legal guardian of _____, in lieu of a physical examination by a physician, declare that to the best of my knowledge and belief, this participant is in good health, requires no extra protection, and needs no special medication. I hereby also do release and agree to hold harmless **BETHELWOODS PRESBYTERIAN CAMP** and its employees from any and all claims on behalf of this participant for injury or illness. Furthermore, I release and agree to hold harmless Bethelwoods Presbyterian Camp and its employees from any and all liability, while in attendance at or as a result of attendance at any Bethelwoods Camp sponsored event.

DATE _____

BETHELWOODS PRESBYTERIAN CAMP
922 W. Mount Gallant Rd.
York, SC 29745
(803) 366-3722

Signature of both parents or legal guardians
(if applicable)