Clear Form

Bliss Summit Bible Camp Health Form

Updated 2021

- Page 1 to be completed by parent or staff person if over 18
- Page 2 to be **completed and signed** by Licensed Medical Personnel

Campers will not be allowed to attend camp unless we have a completed Health form

Camper Name: _____ Age_____ Sex _____ Birth M/D/Y _____ Years at Camp _____

Parent or Guardian:_____ Home Phone (_____)_____

Home Address_____
Street Number City State Zip code

Alternate Emergency Contact: _____ Relationship _____Phone (____)_____

ALLERGIES:

_____Asthma
_____Hay Fever
_____Poison Ivy
_____Insect Stings
_____Severe (stops breathing)
_____Mild (swollen/rash)
_____Foods_____
_____Drugs_____
_____
_____Other (notes)_____

HEALTH HISTORY
(Giving approximate dates)

_____Frequent ear infections
_____Heart Defect/Disease
_____Convulsions
_____Diabetes
_____Bleeding/Clotting Disorders
_____Hypertension
_____Psychiatric Treatment
_____Mononucleosis

_____Chicken Pox
_____Measles
_____German Measles
_____Mumps
_____Other _____

IMMUNIZATION HISTORY

This record must be completed as a requirement of the New York State Department of Health for admission to camp. Please record the date (month and year) of basic immunizations and most recent booster doses. Required immunizations must be determined locally. We require all the same information as your local school district.

Vaccine (check one)	Dates Given	Vaccine	Dates Given
☐DPT ☐DtaP ☐DT		MMR	
☐DPT ☐DtaP ☐DT		MMR	
☐DPT ☐DtaP ☐DT		Hepatitis B	
☐DPT ☐DtaP ☐DT		Hepatitis B	
☐DPT ☐DtaP ☐DT		Hepatitis B	
Polio		Hib b	
Polio		Varicella (Chicken Pox)	
Polio		Tuberculin Test	
Polio		Results – (select one) ☐ neg. ☐ pos	
Polio		Other	

Does this camper have a disability or chronic recurring illness? _____
Are there any dietary modifications?_____
Name of Family Physician and/or Health Clinic _____ Phone (_____)_____
Do you carry family medical/hospital insurance? If so, indicate carrier _____Policy/Group No._____

Please attach a photocopy of both sides of your insurance card.

Important- Must be completed for attendance

To my knowledge, this health history is correct and complete. The person herein described has permission to engage in all camp activities, including wilderness swimming, except as noted. I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I also give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person names above.

_____ Date_____
Parent Signature

I understand and agree to abide by the restrictions placed on my camp activities as noted on this health form.

_____ Date _____
Camper Signature

The following section must be signed and completed by Licensed Medical Personnel

Individualized orders for: Name:_____ DOB_____ Height_____Weight_____

Standard Over the Counter/PRN Medications (The following medications are available in the infirmary and will be administered at the discretion of medical staff, only if the camper's healthcare provider indicates approval.)

Medication	Administer order	Route	Dose/Time
Tylenol	Yes No	PO	
Advil	Yes No	PO	
Benadryl	Yes No	PO	
Tums	Yes No	PO	
Pepto Bismol	Yes No	PO	
Sudafed	Yes No	PO	
Midol	Yes No	PO	
Kaopectate	Yes No	PO	

HCP Name_____
Phone No. (____)_____
License No._____
Signature_____
Date_____
Physician's notes regarding this camper:_____
_____
_____
_____
_____
_____

Prescription Medications (Please complete with camper's current regimen of scheduled medications, including inhalers. Use 2nd page if needed.) All medications sent to camp must be in their original containers. No pill boxes or unlabeled containers will be accepted.

Medication	Route	Dose	Time(s)	Diagnosis

All medications sent to camp must be in their original containers. Medications in pillboxes or other containers will not be accepted.

For Inhalers:
Has camper been trained in proper use of the inhaler? Yes No
Parental consent for child to keep inhaler Yes No _____
Signature of parent/guardian

Bliss Summit Bible Camp is not responsible for inhalers lost while in camper's possession.

Thank you.