



HEALTH and EMERGENCY INFORMATION

(This form **MUST** be signed by parent or guardian and brought to camp with camper.)

Camper's Name _____ Age _____ Date of Birth _____

Address _____
Street/PO Box _____ City _____ State _____ Zip _____

Email Address _____

Parent/Guardian Name(s) / Emergency Phone Numbers:

Mother: _____ (home) _____ (work) _____ (cell)

Father: _____ (home) _____ (work) _____ (cell)

Guardian: _____ (home) _____ (work) _____ (cell)

Physician's Name: _____ Phone Number: _____

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Read; check all that apply:

My child is in good health and has not been exposed to any contagious disease within the past 2 weeks.

My child is a sleepwalker.

My child has my permission to swim.

The camp nursing staff has my permission to administer prescriptions and over-the-counter drugs →→→→→ (Tylenol, Pepto-Bismol, etc.) to my child as needed.

My child is up-to-date on all required shots.

My child has been treated for head lice within the past 2 weeks.*

My child **needs** special medication. (List special medication needs and instructions; (may use back of sheet)

For your child's safety, prescription medications can only be given from original pharmacy packaging with current labels!!

My child **has** allergies (list with reactions).

Has "EPI pen"? _____ Yes _____ No

* Each evening, our cabin leaders perform head checks for ticks, bug bites, etc. If head lice or nits (eggs) are discovered, and the child has NOT been treated within the last 2 weeks (eggs hatch every 10 days), the parent will be called to pick up the child. Campers often swap clothes / hats, lie on each other's bunks and pillows; therefore, the possibility of infestation are much greater than at school. At the end of each week of camp, mattresses and carpets are sterilized to ensure cleanliness of facilities.

List any physical limitations and any emotional or social needs of your child. Explain any medical history that we should be aware of that might help us take better care of your child.

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I authorize Marietta Baptist Camp & Conference Center, its director, and employees to furnish medical care or to obtain the same for my son/daughter in the event that they, in their judgment, think it is needed for my child/children. I further agree to pay for this medical care. Camp insurance is secondary and picks up where campers' primary insurance stops. Camp insurance does not cover illnesses. I understand all efforts will be made to contact me prior to emergency medical care.

Furthermore, I understand and release Marietta Baptist Camp & Conference Center and its employees from any responsibility in the case of illness, accident, or loss of property.

During the week your child may be included in group and individual photos/videotapes made by camp personnel. My signature also gives permission for my child's picture to be used to promote Camp Marietta.

Date _____ **Signature of Parent or Guardian**