

Camp Buckeye Camper Medical Form

Camp _____ Year _____

Camper's Last Name _____ First Name _____

Date Attending Camp _____

Address _____

Phone _____

Age _____ Birthdate ____/____/____ Sex _____

Height ____ ft. ____ in. Weight _____

Parent/Guardian's Name _____

Daytime Phone _____

Parent/Guardian's Name _____

Daytime Phone _____

Other Emergency Contact _____

Daytime Phone _____

Family Doctor's Name _____

Doctor's Phone _____

My insurance is with _____

Policy Number _____

Allergies:

- Medications Insects stings or bites Animals
 Seasonal (e.g. Hayfever) Foods Other

Please describe reactions and treatments for any allergies _____

Please check if camper carries

- EpiPen Medical Alert Bracelet Inhaler

General Health:

Please check if any of the following conditions apply to the camper

- Ear Aches Seizures Attention Deficit (ADD) Skin Conditions
 Eating Disorders Homesickness Sinus Infections Heart Conditions
 Sleepwalking Sore Throat Bronchitis Bedwetting
 Head Aches Diabetes Emotional Concerns Stomach Aches
 Asthma (Please indicate whether or not the camper must carry inhaler at all times) Yes No

Please explain extent of health issues, issues checked above, **and** treatments given. _____

Are all required immunizations current? Yes No

Please list any food allergies. _____

Please list any recent illnesses, injuries, or operations. _____

Please list any activity that should be limited while at camp and why. _____

Medications:

Please list any medications that the camper is currently taking and bringing to camp, using the table below. **Medication MUST be in original bottle or blister pack.** Camper's name, name of medication, and dosage information must be clearly visible. Campers are not permitted to keep any medications in their cabins.

Prescription Medication	Dosage	Time of Day		As Needed Medication	Dosage	Reason for Giving

Does the camp's medical personnel have your permission to administer over-the-counter medications Yes No

to your child, as required? (Such as Tylenol, antihistamine, antacid, etc.)

I give my permission for the above named camper to take a full and active part in the program at Camp Buckeye and to receive medical treatment in the case of an accident which may occur while he/she is registered at Buckeye. I understand that sickness is not covered by insurance. If medical treatment is necessary, I give permission to take the above named camper to a doctor. I further give permission & request that the named Rx medication(s) be given as ordered on the pharmacy container.

Signature: _____ **Name (please print)** _____ **Date:** _____

Release Forms

Release Data:

_____ may be released at the end of their stay (or, if the need should rise at any point during the week) at
Name of Camper

Camp Buckeye on the date of ____/____/____ to the following person(s):

Signed and dated by Parent or Guardian: _____, ____/____/____

***NOTE: If there is a change in these plans, please notify the camp by phone or in writing. Thank You!**

Camp Buckeye _____ Parental Permission for Photographs

At Camp Buckeye we strive to respect the wishes of parents and guardians regarding their children. We normally take pictures of campers and staff during our summer programs. Sometimes these pictures are then used for camp publicity purposes (**we do not publish campers' names**) (brochures, newsletters, website, etc.). Please fill in ONE of the two sentences below that reflects your wishes in this area:

*I authorize use of photos or videos taken of my child(ren) (List names _____)
at this camp to be used for promotional purposes for Camp Buckeye and Christian Camp and Conference Association..*

Signature _____ Date _____

I DO NOT give permission for photos or videos taken of my child(ren) (List names _____)

at this camp to be used in any Camp Buckeye or Christian Camp and Conference Association promotions.

Signature _____ Date _____