

# Budd Creek Camp Registration/Health Form

Camp Name: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Camper Age \_\_\_\_\_ Camper Gender: Male/Female

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Pastor/Sponsor Name: \_\_\_\_\_

Previous Camper? YES/NO When? \_\_\_\_\_ Is Camper a Christian? YES/NO

Medical Insurance Co. \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_

**HEALTH INFORMATION** The following information must be supplied with your registration in order to insure proper health care for your child. Circle the diseases which your child has had: MEASLES \* MUMPS \* WHOOPING COUGH \* HERNIA \* TYPHOID \* COVID-19 \* KIDNEY AILMENTS \* SCARLET FEVER \* CHICKEN POX \* DIPHTHERIA \* POLIO \* OTHER: \_\_\_\_\_

Immunizations Complete? \_\_\_\_\_ Is the Camper diabetic? \_\_\_\_\_

Is the Camper allergic? \_\_\_\_\_ If YES, to what? \_\_\_\_\_

Is the Camper subject to asthma, hay fever, poison ivy, headaches, tonsillitis, chronic sinus trouble? \_\_\_\_\_

Has the Camper recently been under a doctor's care? \_\_\_\_\_ If YES, explain: \_\_\_\_\_

Is the Camper currently taking any prescription medicine? \_\_\_\_\_ (If yes, List below and sign) Date of last tetanus shot? \_\_\_\_\_

**By signing, I agree to wear a mask and social distance in accordance with the Arkansas Department of Health guidelines that are in place at Budd Creek.** I acknowledge that participation/attendance at Budd Creek Baptist Camp involves risk to the camper (and the camper's parents/guardians) and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage and financial damage. I acknowledge and accept the risks associated with Budd Creek Baptist Camp. The camper (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activities, as well as for any medical treatment rendered to the camper that is authorized by Budd Creek Baptist Camp or its agents, employees, volunteers, or any other representative. Further, the camper (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Budd Creek Baptist Camp for any injury arising directly or indirectly out of the activities, whether such injury arises out of negligence of Budd Creek Baptist Camp, the camper, or otherwise.

**Parent/Guardian Sign:** \_\_\_\_\_

**MEDICATION FORM:** Please list ALL medications your child will have with him/her at camp. For the Camper to keep the medication himself/herself, you must sign and date the bottom of the form. Otherwise, all medication must be kept and administered by the camp nurse. Use the back of this form if more room is needed.

MEDICATION	TIME(S) TAKEN	DOSAGE(S)

\_\_\_\_\_ has my permission to keep his/her medication with him/her during camp.

**Parent/Guardian Signature**

**Date**