

**San Diego Christian Foundation – Mt. Palomar Summer Bible Camp
Health and Medical Release form**

Side 1 of 2

(To be completed by parent or guardian-please print clearly)

Elementary – Jr. High – High School (*Circle One*), Date of Birth: _____, Age at Camp: _____

Camper's Name: _____
(last) (first)

Name of Parent or Guardian: _____

Phone Number: _____

Cell Number(s): _____

Work Number: _____

If you cannot be contacted in an emergency, who should be called?

Name(s): _____

Phone Number(s): _____

*Please attach a recent photo
of your camper to this
document.*

*Thank you,
Camp Nurses*

Gender: Male or Female

Non-Prescription Medication Available at Camp

Occasionally, it is necessary to provide campers with non-prescription medications at camp. The medications listed below are kept in the nurse's cabin for this purpose. **Do not send any of these items to camp.** Please **cross off** any medications that you **do not** want your child to receive from the nurse while at camp. Generics may be used.

Anti-Diarrhea tablets
Antifungal Powder and/or cream
Ibuprophen (headache/pain)
Benadryl tablets (itch, insect bite, sinus)
Caladryl Lotion (poison oak)
Chloraseptic Spray and lozenges (camper's throat)
Hydrocortisone Cream (itch/rash)
Ibuprofen 100mg/200mg

Meclizine (Nausea)
Tums (upset stomach)
Phenylephrine (sinus congestion)
Robitussin DM (cough)
Triple Antibiotic ointment
Tylenol and Tylenol Junior (muscle aches/cramps)

CAMPER HEALTH INFORMATION & AUTHORIZATION FOR TREATMENT

Click or Circle ALL applicable conditions of child and explain below

ALLERGIES

Bee stings: Yes No
Reactions: _____

Food Allergies: Yes No
Restrictions: _____
Reactions: _____

Environmental Allergies: Hay-fever, Sinus
Reactions: _____

Medication(s) Allergies: _____

Health History (please CIRCLE)

- ADD or ADHD (circle)
 - Asthma
 - Back or Neck Problems
 - Bedwetting (currently)
 - Bowel Problems
 - Diabetes
 - Epilepsy/seizure disorder
 - Fainting Headache
 - Heart Condition
 - Nose Bleeds
 - Sleep Walking (history of)
 - Special Education
 - Psychiatric/Emotional Illness
- Does Your Camper have an **Epi-Pen?** _____
If YES bring it to camp. Expiration Date: _____

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SIDE TWO

Recent Injury(s): _____ Date of Injury: _____ Limitations: _____

Surgery _____ Date of Surgery: _____ Limitations: _____

Exposed to communicable diseases in the past month? Explain: _____

Briefly explain ALL items circled above and explain any other medical issues not listed above (use additional sheets if necessary). Please also disclose any medically necessary dietary requirements.

Any prescribed medications, Epi-Pens or Inhalers MUST be turned into the camp nurse on the 1st day of camp during registration. All medications must be sent in their original prescription container with the Doctors name and phone number included. If not, a note from the Doctor must accompany the medications.

Medications: 1) _____, 2) _____
3) _____, 4) _____

Any additional Comments: _____

Physician & Medical Insurance Information: Do you have Medical Insurance? Yes _____ No _____

- Medi-Cal Coverage-Policy #: _____
- Private Insurance: Insurer Name: _____
Policy number: _____

Physician: _____

Phone Numbers: _____

**Authorization for Medical Treatment
SIGNATURE REQUIRED OR STUDENT CANNOT BE TREATED**

I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise. I further authorize site personnel to assist my child in the use of the medications indicated above and those listed on the attached Medication Authorization Form. I also authorize the volunteer nurses at bible camp to assess and treat any minor injuries or illness that do not require emergency medical care.

Parent/Guardian Signature: _____

Date: _____

Thanks
(Side 2 of 2)