

ANGIE: Week scheduled _____
Program choice _____

Bethel Horizons' CAMPER HEALTH FORM – 2010

DIRECTIONS to parents:

- Complete information on pages 1 & 2 of health form. New information should be provided each summer.
- Be sure your child's name and birth date are on ALL pages.
- Attach camper's Immunization record
- Ask the child's physician to complete the PROVIDER FORM (page 3) based on exam within the past 2 years.
- Return all pages to Bethel Horizon – preferably prior to arrival at camp.
- Provider may FAX information to Bethel Church @ 608-257-4044, Attn: Angie
- Provide insurance information; do NOT send insurance card.

CAMPER INFORMATION:

NAME _____ Date of Birth _____
First name Last name Camper is (gender): -BOY -GIRL
ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACTS:

Parent (name) _____ Home telephone _____
If not parent: -Foster Parent -Legal Guardian -Grandparent -Other _____ Work _____
Cell _____

OTHER CONTACT– IF PARENT NOT AVAILABLE: Name _____
Telephone: Home _____ Work _____ Cell _____

MEDICAL INSURANCE (for child): -NO -YES If Yes, Company _____
DO NOT SEND INSURANCE CARD – COPY OKAY Individual's Number _____

PARENT PERMISSION

Directions: Please read the statements below carefully.
Parent must sign permission if camper is under age 18 years.

The information on this health form is correct as far as I know. The camper named and described has my permission to engage in all camp activities except those noted here: _____

Authorization for Medical Treatment:

I give permission to the staff persons selected (authorized) by the Bethel Horizons camp director to give my child his/her medicines (sent to camp with camper) or to guide him/her in taking them (if the child needs medicine). Further, I give my permission to camp staff (authorized by the director) to secure the necessary transportation in the event that my child need medical treatment.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician/hospital selected by the camp director/authorized staff to secure appropriate medical/hospital treatment for my child. This includes examination, routine laboratory tests, x-rays, medications (oral or by injection), respiratory treatment, hospitalization, anesthesia and surgery for my child as named above.

Also, I give the camp director/authorized personnel permission to release insurance information (provided above) to the physician/hospital for payment if emergency medical treatment is needed.

This completed form may be photocopied for trips out of camp.

Signature _____ Date signed _____
Name (printed) _____ Relationship to camper if not parent: _____

CAMPER'S NAME _____

BH CAMPER HEALTH FORM 2010

CAMPER'S SPECIAL NEEDS: If any special needs, please explain.

- FOOD/DIET? -No -Yes – Specify _____
- GIRL: MENSTRUAL PERIODS? -No -Yes What help might she need? _____
- OTHER? _____

ASTHMA INHALER? If your child uses an **emergency (albuterol) inhaler** for sudden asthma symptoms and is bringing this inhaler to camp, please answer the following:

- o What TRIGGERS? _____
- o In what situations is child most likely to experience respiratory wheezing and need this inhaler? _____

CAMPER'S IMMUNIZATION RECORD – ATTACH COPY or request from health care provider:

Be sure camper's name is on attachment; do not send your only copy.

DOES CAMPER NEEDS MEDICINE AT CAMP:

- Campers are responsible to bring their own **prescription medicines** to Bethel Horizons; a designated staff member will deliver medicines to camper at prescribed times.
- Send the medicines in original pharmacy containers (we need the MD's directions).
- Provide specific information about giving the camper's medicines in the boxes below.
- A few over-the-counter medications (acetaminophen, decongestant, antihistamine) are available at camp

NAME of MEDICINE (DRUG)	Amount to be given (Dose)	Time(s) to be given

PARENT COMMENTS:

PROVIDER HEALTH FORM (page 3): *Attach form completed by child's health care provider or have provider send/fax this form directly to camp.*

- o Child's provider (or staff) should fill out this form (*parent-completed forms are not acceptable*).
- o Child's most recent health exam should be within the past 2 years
- o Attach form or have provider FAX form to Bethel Horizons (See Fax numbers below)
FAX forms should be received the week before the child attends camp (or earlier)

RETURN ALL PAGES TO: BETHEL HORIZONS by US mail 312 Wisconsin Avenue Madison, WI 53703	OR	FAX to Bethel Horizons at MADISON (church): 608-257-4044, attn: Angie DODGEVILLE (camp): 608-935-0216
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