

Complete & return this form to Black Lake Bible Camp. Begin Date: _____

No one will be allowed to attend a program or camp without a signed form.

Child Name _____ Birth date ____/____/____ Age ____ Male Female Grade _____
 Address _____ City _____ State _____ Zip _____

Parent/Guardian #1 (that lives with child/same address)
 Name _____ Home Phone () _____ Other Phone () _____

Parent/Guardian #2 also lives with child/same address
 Name _____ Home Phone () _____ Other Phone () _____

In case of emergency and parents cannot be contacted, please call:
 Name _____ Relationship to child _____ Phone () _____
 Name _____ Relationship to child _____ Phone () _____

Insurance Policy _____ Policy # _____ Group # _____
 (Black Lake Bible Camp is a secondary insurance provider only.)

Doctor's Name _____ Phone () _____ Tetanus booster up to date? yes no
 Does the child have any drug allergies? yes no If yes, specify: _____
 Does the child have any other allergies? yes no If yes, specify: _____

Circle the medications the child may be given: (please send a supply if you anticipate a need, see below)
 Tylenol Motrin Benadryl Midol Cough Suppressant Throat Spray Cold Medicine

Check if any of the following have been a health problem and explain:
 frequent colds, sore throat or ear aches bed wetting or sleepwalking diabetes
 heart, kidney or lung trouble fainting asthma

Behavioral Concerns _____
 Activity Restrictions _____
 Any Additional Comments? _____

All medications (over the counter & prescription) must be in their original containers and all must be turned in to the nurse (with the exception of inhalers & EpiPens). Put all medications into a Ziploc bag labeled with the child's name & date of birth.

Will the child bring an inhaler?
 yes, kept with child yes, turned in no

Will the camper bring an EpiPen?
 yes, kept with child yes, turned in no

If you bring any medications (over the counter or prescription) other than an inhaler or an EpiPen, list them below and complete a medication administration report (separate form).

| Medication Name(s) |
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MEDIA RELEASE: Attendance at this camp/program/event grants Black Lake Bible Camp permission to use comments, images, and/or recordings of this child in its camp promotional materials (including highlight DVDs).

IN CASE OF INJURY OR ILLNESS, "I hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary by the camp for the welfare of said minor (or self, if 18 or older). I understand every effort will be made to notify parents or guardian of child. I acknowledged that I have read this form completely & understand the camp's policies."

Parent/Guardian Signature (self, if 18 or older) _____ Date _____