

Health History / Release Form
Rutherford County Bible Camp

In order to ensure your child is safe and well cared for please complete this form, have it notarized, and provide a copy of your insurance card. Send this form and the copy of the insurance care to camp with your child.

Camper Name: _____

Please list medical information the camp nurse should be aware of. Example: allergies, bronchitis, asthma, recent surgery, illness, injury, etc. If more space is needed, please attach another sheet to this form.

Are there any activities from which this child should be restricted because of health? YES / NO

Please explain: _____

List medications this child takes: _____

*All medications sent to camp must be turned into the nurse and be in the original containers with prescription and directions written on the container. List any over the counter medications that the nurse may not administer to your child (for headache, stomach discomfort, bug bites, etc) _____

Has this child been exposed to any communicable diseases in the last three weeks? YES / NO

Please explain: _____

**Please include (on a separate sheet of paper) any additional information necessary for proper care of your child. Medical information is confidential and shared only with camp and medical personnel when deemed appropriate or in the event of an emergency.

Custodial parent, guardian, emergency contact

Last Name, First Name: _____

Relationship: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Second parent, guardian, emergency contact

Last Name, First Name: _____

Relationship: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Continued from page 1

IN CASE OF EMERGENCY

Parent/Guardian or Counselor Authorization:

This health history is correct and complete as far as I know. There person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp nurse to provide routine health care, and, administer prescribed medications, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes, I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physicians elected by the camp to secure and administer treatment, including hospitalization, for the person named above. By signing this form, I am releasing Rutherford County Bible Camp and all of its employees and volunteers from any liability for any accident, injury or illness which may occur to my child while attending camp, except in cases of gross negligence or willful misconduct.

Signed on this date: _____

(Legal Guardian/Self)

(NOTARY)

Commission Expiration: _____

NOTARY STAMP – ABOVE