

# Greene County Baptist Girls' Camp Health Form – 2021

**Everyone attending camp MUST complete this two-page form.**

Dear Parent or Guardian of Camper and/or Staff Member:

Please fill out the health form on the reverse side of this page completely. It is extremely important that we have all information. We have situations at camp where complete information is crucial. **We must have this information for your child/or yourself to attend Greene County Girls' Camp. If we do not have complete medical information, treatment could be delayed or even prohibited in an emergency. Also, please provide the name of the company providing health insurance and the policy number.**

Greene County Baptist Girls Camp understands that with COVID-19, camp will have to make some adjustments to keep the campers and staff that attend as safe as possible. As camp gets closer, leadership will be watching mandates that may be in place and will adhere to those as possible. At this time, all staff and campers will need to bring face masks and understand the need for social distancing as needed. It should also be understood that with all practices in place, it is still a possibility for those attending to be exposed to COVID-19. Please keep this in mind as campers and staff register to attend.

For the benefit of your child and/or yourself, the information on the health form (reverse side of this page) is provided by the camp director to the camp nurse and a copy is shared with your child's cabin leader and possibly other camp staff as deemed necessary by the camp director. The camp nurse will have this original form.

We feel it is in your best interest to have those caring for your camper and/or yourself to have as much information as possible. However, if you feel it necessary to limit the sharing of this information with those providing care for your camper, please mark the box below.

I do not wish to have my camper's information shared with anyone other than the camp director and camp nurse.

Please contact Camp Director Treva Swadley at (417) 872-9558 if you need to be put in contact with a camp nurse prior to camp.

After completion of camp, the original registration and health forms for each person attending camp will be kept in the Greene County Baptist Association office as a permanent record.

You may use the lines below for any additional health information that needs to be provided.

Please sign below to indicate that you have read and understood this form.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Additional notes: \_\_\_\_\_

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## Greene County Baptist Association Girls' Camp Health Form 2021

Name \_\_\_\_\_ Church \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ School grade this fall \_\_\_\_\_ (if applies)

Parent/Guardian (or Spouse) \_\_\_\_\_

Address (Street, Route, Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Additional Emergency Contact:

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 (First and Last Name) (Relationship) (Phone Number)

If parent or guardian will be gone during camp, this form **MUST BE notarized!** If gone during camp, contact me at \_\_\_\_\_

**Please mark any of the below that apply to camper:**

- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Ear Trouble    | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Kidney/Bladder Problems |
| <input type="checkbox"/> Sleep Walking  | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Bleeder         | <input type="checkbox"/> Seizures                  | <input type="checkbox"/> Emotional Difficulties  |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Appendix Out  | <input type="checkbox"/> Stomach Trouble | <input type="checkbox"/> Other (please list) _____ |  |

**Allergies:** Food allergies \_\_\_\_\_

Please consider sending allowed snacks to camp with your camper to help with their dietary needs.

Medication allergies \_\_\_\_\_

**Please include instructions for any allergies on the front of this form.**

**Camper will be bringing these medications: (Use additional sheets if necessary.)**

Name of Medication	Dosage	How Taken (Chewable, Liquid, Swallowed Tablet, Inhaler, etc.)	Time of Day Taken

**\*Please bring medication in a bag labeled with camper's name. Please do not send more medication than is needed for the duration of camp. DO NOT SEND OVER-THE-COUNTER MEDICATIONS.**

Permission to give Tylenol? Y or N    Permission to give Ibuprofen? Y or N    Permission to give Benadryl? Y or N  
 Permission to give Zyrtec? Y or N    Permission to give Claritin? Y or N    Permission to give Tums? Y or N

Has your camper had a tetanus shot (DPT) within the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Other shots up-to-date? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

Has your camper been sick or quarantined in the last 2 weeks? If so, what symptoms have they had: \_\_\_\_\_

Camper's primary care physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Permission for camp nurse to treat injuries, sickness, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

I agree not to permit \_\_\_\_\_ to go to camp if there has been an exposure to any contagious or infectious disease during the two weeks before camp, or has head lice or nits, dead or alive, without speaking to the Camp Director. In case of emergency, I understand I will be notified if possible, and I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my camp attendee as named above.

Signed \_\_\_\_\_ Self or Parent/Guardian                      Date \_\_\_\_\_