

Northwoods Baptist Camp Redistration and Medical Form

Medical Information

Name: _____

Address _____

Telephone: (____) - ____ - ____ or (____) - ____ - ____

Age: _____ Birthdate: _____

Gender M / F (Circle One)

Grade 3 4 5 6 7 8 9 10 11 12 (Circle one)

Pastor: _____

Church: _____

Address: _____

Phone: _____

I give my child permission to attend Northwoods Baptist Camp, and permission to participate in all activities. I agree that my child will comply with all Regulations and Rules at said camp.

(Signature of Parent or Legal Guardian)

(Date)

Other than me, or the church group listed above, only the following person(s) may pick up my child from Northwoods Baptist Camp. (Please list the name and relationship to child)

(Name)

(Relationship)

Insurance & Physician Information

Insurance Provider: _____

Policy Group/Number: _____

Doctor's Name: _____

My child is currently taking these medications:

The schedule for taking his/her medications is as follows:

My child also has other medical conditions or problems:

My child is prone to:

Sleepwalking Yes/No

Bed wetting Yes/No

My child is allergic to:

Bee stings Yes/No

Penicillin Yes/No

Aspirin Yes/No

Other medicine or food:

My child was recently exposed to this contagious disease:

My child has already had these childhood diseases:

Rheumatic fever Y/N Mumps Y/N Chicken Pox Y/N

Immunization Record - Date of first and last booster:

Diphtheria _____ Measles _____

Mumps _____ Polio _____

Rubella _____ Small Pox _____

Tetanus _____

To the best of my knowledge, all the medical information for my child is accurate and complete. Any medications my child brings to camp will be registered with the camp nurse and dispensed according to schedule. In case of an emergency, I give consent for emergency medical treatment and decisions for my child.

(Name) _____
(Date)