

Camp Bethel Information & Medical Form

Please PRINT carefully and use
one form per camper



Camper Name: _____ Age: _____ Gender: _____

Address: _____ City/State/Zip: _____

Week Attending: _____ Birthday: ___/___/_____

Father/Guardian: _____ Mother/Guardian _____
Home Phone (____) _____ Home Phone (____) _____
Work Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____ Cell Phone (____) _____

If parents(s) are not reachable in an emergency, please notify:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

.....
Insurance Information:

Claims will be submitted to the camper's medical insurance company first. Camp Bethel's insurance will be considered secondary. Camp Bethel's insurance does not cover pre-existing conditions.

Medical Insurance Carrier: _____

Address: _____

Phone Number: _____ Policy or Group # _____

Policy holder name: _____ ID or SNN: _____

Relationship to camper: _____

Allergies:

List all known allergies. If you need to give us more detailed information, please use the back.

Medication allergies: _____

Food Allergies: _____

Other Allergies: _____

Current Medication:

List all prescription and over the counter medication the camper will be taking during camp.

Medication: _____ Dosage: _____

Number of times a day: _____ Reason for taking: _____

Medication: _____ Dosage: _____

Number of times a day: _____ Reason for taking: _____

Medication: _____ Dosage: _____

Number of times a day: _____ Reason for taking: _____

**** My child ___MAY ___MAY NOT be given over the counter medication. ****

Other Information:

Please list all applicable information. Please use the space below for additional information.

Special dietary needs: _____

Recent Injury or Illness: _____

Behavioral considerations: _____

Physical Limitations: _____

Date of last Tetanus shot: _____

Does your Child have any of the following?

___ Seizures ___ Hay fever ___ Asthma ___ Bee Allergies ___ Hepatitis A,B,C ___ HIV

___ Diabetes ___ Sleepwalking ___ Bedwetting ___ Other: _____

By signing below I confirm that all information on these forms is true and complete and that I give consent to the items listed above.

If an emergency situation should occur and I CANNOT be contacted by phone, I give my permission to Camp Bethel Ministries to transport my child to the nearest medical facility for treatment.

Parent/Guardian Name (Please print)

Date: ___/___/___

Signature

.....
Additional information: _____
