Budd Creek Baptist Camp

Camper Information & Medical Authorization Form

This form must be completed and turned in when you arrive at camp for your event. Please ensure the information submitted is complete and accurate. **One form should be filled out for every camper, including adults.**

First Name _____ **Last Name** _____

Sex _____ Age _____ Grade Last Completed _____

Address _____

City _____ State _____ Zip _____

In Case of an emergency, please contact –

1. _____ _____ _____
(name) (phone) (relationship)

2. _____ _____ _____
(name) (phone) (relationship)

Please explain if you have recently been under a doctor's care for medical reasons.

_____

_____

Please list all allergies or special health problems of which the camp medical staff should know about.

_____

_____

Please bring any medicine to be given by the nurse to her office after checking in.
Will you be taking medicine while at camp? If yes, please complete the following

_____ _____ _____
(medicine, dosage, time of day) (medicine, dosage, time of day) (medicine, dosage, time of day)

_____ _____ _____
(medicine, dosage, time of day) (medicine, dosage, time of day) (medicine, dosage, time of day)

Will camper bring an epipen, rescue inhaler or insulin pump? _____ **Where will it be located?** _____

Church Information

_____
(Church Name)

_____
(Sponsor's Name)

Camper Insurance Information

_____
(Name of Insurance)

_____
(Cardholder's Name)

_____
(Policy #)

_____
(Group #)

Consent for medical treatment – I give my full permission for my son/daughter/legal ward to attend camp and to take part in all activities. He/She will not attend if he/she has been exposed to a contagious disease, or if he/she is not in good physical condition. I do not hold the camp personnel or sponsors responsible for any accident or illness and, if necessary, authorize the camp personnel or sponsors to treat my child with OTC medications or take my child to a medical facility. I also give my full consent for the medical facility selected to render professional services to my child if he/she becomes ill or is involved in an accident. I acknowledge that participation/attendance at Budd Creek Baptist Camp involves risk to the camper (and the camper's parents/guardians) and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage and financial damage. I acknowledge and accept the risks associated with Budd Creek Baptist Camp. The camper (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activities, as well as for any medical treatment rendered to the camper that is authorized by Budd Creek Baptist Camp or its agents, employees, volunteers, or any other representative. Further, the camper (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Budd Creek Baptist Camp for any injury arising directly or indirectly out of the activities, whether such injury arises out of negligence of Budd Creek Baptist Camp, the camper, or otherwise. I also grant Budd Creek Baptist Camp to use photos and videos taken during camp on its website or other publications without further consideration.

Signed by Parent or Guardian _____

Date _____ Print Name _____