

**BRING THIS TO CAMP WITH YOU - DO NOT SEND BY MAIL**

**MEDICAL INFORMATION AND RELEASE**

H.O.T. Bible Camp  
P.O. Box 830  
Brady, Tx. 76825

**Camper's Full Name** \_\_\_\_\_

Name camper goes by \_\_\_\_\_

Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M F

Parent or Guardian \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

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

If not available in an emergency, please contact:

Name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group or ID# \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insured Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HEALTH**

Camper's health: Excellent \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_ Contact Lenses: Yes \_\_\_\_ No \_\_\_\_

Special needs (i.e. diet restrictions, sunburns easily, bed wetter, sleep walker, menstrual difficulties, hearing impaired, language (does not speak English), etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problems requiring physical attention: \_\_\_\_\_

Allergies and Typical reactions: \_\_\_\_\_

List all medications brought by camper: Dosage: Reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All prescriptions and over-the-counter medications must be given to the sponsor in the original container to be turned in to the nurse on arrival to camp.**

**HEALTH HISTORY**

Please check if the camper has ever had:

\_\_\_ Asthma                      \_\_\_ Broken bones                      \_\_\_ Diabetes                      \_\_\_ Congenital defect

\_\_\_ Emotional problems                      \_\_\_ Nervous stomach                      \_\_\_ Hepatitis                      \_\_\_ Migraine headache

\_\_\_ Rheumatic Fever                      \_\_\_ Seizures                      \_\_\_ Surgery

If you checked any of the above please explain \_\_\_\_\_

\_\_\_\_\_

Please furnish the most recent date camper has had the immunization, booster, or infection:

DPT \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus shot \_\_\_\_\_

Polio-oral \_\_\_\_\_ TB Skin Test \_\_\_\_\_

The following are typical activities at camp. Please check the activities your child can or cannot participate in. If you do not wish them to participate in an activity, please check "No" and provide an explanation.

<b>Activity</b>	<b>YES</b>	<b>NO</b>	<b>If "No", please explain:</b>
Hiking			
Water Activities			
Competitive Sports			
Strenuous activities			

**Additional comments:** \_\_\_\_\_  
\_\_\_\_\_

**Parent's Authorization**

To the best of my knowledge, all information provided is correct, and complete. The named person has full permission to participate in camp activities, except as indicated. Permission is granted for the H.O.T. Bible Camp to photograph my child and use these photographs in slideshows, newsletters, etc., promoting the H.O.T. Bible Camp and the program they facilitate.

Permission is granted for the H.O.T. Bible Camp personnel to administer common, non-emergency first aid and medical treatment.

Realizing the nature of serious emergencies, and understanding that I may not be able to be reached at such times (although every effort will be made to do so) I give my permission that medical measures may be instituted without delay as dictated by the judgment of the physician selected by the H.O.T. Bible Camp.

I understand that I will be contacted as soon as possible, in the rare case that an emergency situation arises, so that, if I choose, my family physician and the Camp physician in charge can consult to insure that my child receives the best medical attention available.

**PARENT/GUARDIAN:** \_\_\_\_\_ **Date** \_\_\_\_\_  
Required if camper is UNDER 18 years of age

**CAMPER:** \_\_\_\_\_ **Date** \_\_\_\_\_  
If camper is OVER 18 years of age

**NOTE: It is not necessary to have an examination by a physician if the camper is enrolled in public schools and has met Texas requirements for school immunizations. Date(s) of vaccinations and tests should be indicated at the top of this page. Please attach a copy of the camper,s insurance card in case of an emergency.**

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