Judson Baptist Retreat Center Camper Medical Information Form 2009

| Camper Name: Church: | |
|---|-----------------------------------|
| LICE NOTICE: Please be aware that campers will not be allowed to stay at camp if they have lice nits in their hair. If your child has been treated for lice prior to attending camp, please make sure they are nit-free before arriving at camp. This new policy will ensure that your camper is not embarrassed at camp. | |
| MEDICAL INFORMATION | |
| Is camper subject to fainting? Yes No (check one) | Sleepwalking? Yes No (check one) |
| Heart trouble? Yes No | Allergic to insect stings? Yes No |
| Tetanus shot? Yes No When? | Allergies? Yes No What? |
| Drug reactions? Yes No | To What drugs? |
| Description of reaction: | |
| Has Camper had or have any significant diseases(as rheumatic fever, asthma, kidney infections, etc.)? Yes No If so, what diseases? | |
| Is camper taking any medications? Yes No What? | |
| CLEARLY MARKED IN ONE ZIP LOCK BAG. Does camper have any physical or mental handicaps which would greatly hinder him/her from entering into the full camping program of study and recreation? If so, please cancel reservation. The camp cannot assume responsibility for such campers. I agree not to permit applicant to go to camp if he/she has been exposed to any contagious or infectious disease during three weeks prior to the opening day of camp. I agree to assume the obligation of doctor's bill, telephone calls, or any other expense relating to an emergency not covered by the camp's insurance plan. I agree to let camper have medical treatment recommended by camp nurse and/or doctor selected by camp. | |
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| Benadryl – Dosage (Adult or Child) without notifying me. | |
| Signature(Parent or Guardian) | Phone# |
| Parents, You must fill out this form and seal it in an envelope with your camper's name and church on the outside of the envelope. This form will be seen only by our camp nurse and any other staff that needs to know your child's medical information. | |
| *********Please do not send OTC medicine, we provide it as needed.************** | |
| Emergency contact information only needs to be filled out on Camper Information | |

Form.