



Three Wooden Crosses Cowboy Church

P.O. Box 533 - 5118 SW 100th

Augusta, Ks 67010 - www.3wc-ks.com

Rodeo Bible Camp Health Form

Part I: Camper Information

Name: _____ Age: _____ Weight: _____

Address: _____

Telephone Number: _____ Gender: __ M __ F

Part II: General Health

Is the camper in good general health and able to participate in all normal rodeo bible camp activities?

Yes No If not, please explain: _____

Date of last Tetanus shot: _____ Date of last Physical Exam: _____

Primary Care Physician: _____

Preferred Emergency Facility: _____

Past Medical History: _____

Past Surgical History: _____

Has the camper had/had any of the following conditions:

	YES	No
Heart Problems		
Lung/Asthma		
Vision Complications		
Hearing Complications		

Does the camper have glasses or contacts? Yes No

Are they present with them at camp? Yes No

Part III: Emergency Contact

In the event of an emergency, please provide names and contact information for two individuals.

Name: _____ Relationship to Camper: _____

Telephone Number: _____

Name: _____ Relationship to Camper: _____

Telephone Number: _____

Part IV: Medications

All prescription or OTC (over the counter) medications are to be turned into the Camp Nurse upon registration. Prescription medication must have appropriate campers name and instructions printed on the original container. Please bring only enough for camp and two extra doses. OTC Medications must be in sealed package or original container. It will be administered only as recommended by package instructions. All medications including prescriptions, over the counter medications, herbal remedies, and dietary supplements must be kept and administered by the camp nurse. Self-carry emergency medications (inhalers, epi-pen) require prescription and prior approval from camp nurse. **Any camper found to be self-administering ANY medications could be grounds for camp dismissal.**

Please list all medications camper is currently taking. All medications including prescriptions, over the counter medications, herbal remedies, and dietary supplements must be kept and administered by the camp nurse. Self-carry emergency medications (inhalers, epi-pen) require prescription and prior approval from camp nurse. Any camper found to be self-administering ANY medications could be grounds for camp dismissal.

Medication	Reason	Time of Administration

OTC (Over the counter) Medications. Three Wooden Crosses provides the following OTC Medications; therefore, campers do not need to supply them. Please indicate which medications may be administered while the child is at camp. Only medications marked "Yes" and determined to be necessary will be administered at the discretion of the camp nurse.

OTC Medication	Yes	No
Tylenol/Acetaminophen		
Advil/Ibuprofen		
Benadryl		
Triple Antibiotic Ointment		
Sunscreen		

Allergies. Please list all food, environmental, or medication allergies that the camper has.

Food	Environmental	Medication

Has the camper experienced any anaphylactic reactions? Yes No

Please explain: _____

Does the camper have an EpiPen? Yes No

I, _____, hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization; and to provide or arrange necessary related transportation in an individual's car or church-provided van for my child. I also agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

In the person named herein is a minor, it is my intention that representatives of the camp be considered 'personal representatives' for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for the named person. This completed form may be printed for trips out of camp.

Parent/Guardian Signature: _____ Date: _____