



# Three Wooden Crosses Cowboy Church

P.O. Box 533 - 5118 SW 100<sup>th</sup>

Augusta, Ks 67010 - [www.3wc-ks.com](http://www.3wc-ks.com)

## Rodeo Bible Camp Health Form

2023

### 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/has 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 a 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 the camp nurse. **Any camper found to be self-administering ANY medications could be grounds for camp dismissal.**

***Please list all medications your 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 the 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

Camp Nurse: Gigi Palmer 316-648-5655

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: \_\_\_\_\_