



Farmington Lutheran Church
Bay Lake Bible Camp
Health Evaluation Form

This Health Evaluation Form is required for each camper and must be turned in with your final payment by May 31, 2010. Please fill this form out completely and sign in all designated places.

Please print clearly. Use a separate form for each camper.

Camper's Name _____ M or F _____ Age _____ Birthdate _____

Address _____ City/State/Zip _____

Parent/Guardian _____ Phone(1) _____ Phone(2) _____

2nd Parent/Guardian _____ Phone(1) _____ Phone(2) _____

Emergency Contact _____ Phone _____

Physician's Name _____ Phone _____

Clinic Name _____ Phone _____

Please answer the following questions regarding your camper:

1) Year of camper's most recent Tetanus Booster shot (DPT) _____

2) Is he/she fully immunized against Measles, Mumps, Rubella, Diphtheria, Pertussis, Polio? Yes No

3) Does the camper have any allergies? Yes No

Please list if "Yes" _____

Type of reaction _____

4) Has the camper recently been exposed to any contagious diseases? Yes No

Please list details if "Yes" _____

5) Are there any health restrictions on the camper's activity or diet? Yes No

Please list details if "Yes" _____

6) Does the camper have any medical problems about which the camp should be informed? Yes No

Please list details if "Yes" _____

If Asthma is listed, please attach a page with asthma history and treatment to this form.

7) Has the camper been away from home before? Yes No Are they prone to homesickness? Yes No

Please explain best way to treat homesickness. _____

8) Any other comments which may be helpful. _____

Please return Health Evaluation Form with final payment by May 31, 2010.

9) Is the camper taking any medication which must be continued at camp? Yes No

Medications—Note: All medications must be in original pharmacy container.

(All medication, including non-prescription medications must be dispensed by the nurse.)

Medication Name	Dosage	Time Taken	Reason for Medication

Consent for Non-prescription Medication

I hereby give Farmington Lutheran Church & Bay Lake Bible Camp permission to administer any of the following over-the-counter medication(s) that are checked, in accordance with the directions for age appropriate use on the container, to my camper. Please check all that apply.

_____ Pain/Fever Reducing Medication (Tylenol) _____ Pain/Fever Reducing Medication (Advil)

_____ Antacid _____ Cortaide _____ Eye Drops _____ Imodium A-D _____ Antihistamines

_____ Other _____

The medications listed above will be provided by Farmington Lutheran Church and available at camp if needed by your child.

→ Signed _____ Date _____
(Parent or Guardian)

Health Insurance Information

Please attach a copy of your camper’s medical insurance card, front, and back

ONLY COMPLETE THIS SECTION IF YOU DO NOT HAVE MEDICAL INSURANCE

We have no medical coverage insurance, but understand that we are responsible for any and all medical cost(s) incurred while my child is at Bay Lake Bible Camp.

→ Signed _____ Date _____
(Parent or Guardian)

IMPORTANT: IN CASE OF MEDICAL EMERGENCY, I understand that the camp staff will attempt to contact me or my Emergency Contact Person. In the event that I or my Emergency Contact Person cannot be reached, I give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above; I understand I am fully responsible for all payments incurred for such treatment. I also understand that Medical and Hospital insurance is not provided by Farmington Lutheran Church or Bay Lake Bible Camp.

All information on this Health Evaluation Form is accurate and true to the best of my knowledge.

→ Signed _____ Date _____
(Parent or Guardian)

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