Health History and Medical Treatment Authorization Form 2018

Immunization Record (give dates): Measles_____ Mumps_____ Rubella_____
Tetanus_____ Pertussis_____ Polio_____ Diphtheria_____

Please Indicate: _____Convulsions/Epilepsy _____Bed-wetting _____Diabetes _____Digestive Problems
_____Hepatitis _____Heart Problems _____Asthma/Hay Fever _____Ear Trouble _____Surgery in Past Year
_____Not Able to Use Top Bunk _____Allergies (specify allergies): _____

_____

Should Any Medication be Avoided? _____

Please List Any Other Problems (emotional, recent stress, illness, etc.): _____

_____

Any Medication to be Taken at Camp? _____

(No medication of any sort [not even aspirin] is to be brought to camp unless it is prescribed by a doctor. All doctor prescribed medication is to be submitted to the camp nurse immediately upon arrival. The camp nurse will dispense all medication. No exceptions! Any camper caught with medication unknown by the camp nurse will be expelled from camp.)

Please List Any Activities Your Child Will Need to be Restricted From: _____

_____

In case of Emergency, Notify: (Name)_____ Phone (_____)_____ -_____

Alternate Person to Notify in Case You Cannot be Reached in Emergency Situations:
(Name)_____ Phone (_____)_____ -_____

Family Physician: (Name) _____ Phone (_____)_____ -_____

Physicians Clinic: (Name) _____ Phone (_____)_____ -_____

(If the health history identifies health problems or activity limitations, a physical examination must be performed by a licensed physician within three months before admission to camp. We must also receive from the doctor instructions relative to any limitation of the camper's participation in camp activities or medication requirements.)

Health Insurance Co._____ Policy #_____

As the parent [or legal guardian] of _____ (child's name) I swear that the preceding health history is correct and the juvenile listed above has my permission to attend the Xtreme Passion Youth Camp and to engage in all camp activities, except as noted. I, the undersigned, request that said juvenile be taken to the camp nurse and/or a doctor if the need for medical treatment arises. I hereby give permission to the camp nurse to dispense any over the counter medications and to secure proper treatment for said juvenile. I also give permission to the physician selected by the Camp Directors to, including but not limited to, hospitalize; secure proper treatment for; and to order injections, anesthesia, or surgery for my son/daughter, as named above. I understand that I will be responsible for any medical expenses incurred by said juvenile not covered by my insurance. I release my child's medical records to Brad Brede Ministries and understand that it will not be made available to anyone other than camp directors Brad and Patty Brede, assistant camp directors Nick and Jennifer Jorgenson, the camp nurse, and selected physician if medical treatment is required.

I, the undersigned, have listed above any activities my child should not participate in due to health consideration. I also give permission for the camp directors and/or nurse to restrict my child from participation in any activity which they have concerns about my child's health. As the parent [or legal guardian] of above stated child I certify that I have been informed that, as a participant in the Xtreme Passion Youth Camp, my child will be participating in a number of activities which carry with them a certain degree of risk. Some of these activities are, but not limited to, basketball, volleyball, tug-of-war, and relay races. I also represent that my child is physically fit and has the necessary skills to safely participate in all the camp's activities unless stated above. I agree not to hold Northland Christian Center Inc., a.k.a. Brad Brede Ministries, Xtreme Passion Youth Camp, any advisor, nurse, helper, director, or staff member liable for any illness or mishap from any cause whatsoever which may be sustained.

Office Use Only: Date_____ Deposit_____ Balance_____ Paid in Full _____

Check Number and Name_____