## Camper

## Registration/Medical Form

| Name:  |                   |                      | Updated Feb. 2023 |                     | [ ] Male      | [         | ] Female  |
|--|-------------------|----------------------|-------------------|---------------------|---------------|-----------|-----------|
| Phone Number:  |                   | Email                | Address:          |                     |               |           |           |
| Address:   |                   | City:                |                   |                     |               | Zip:      |           |
| Grade Completed:   | Curre             | ent Age:             |                   | Birthdate: (MM/D    | D/YYYY)       |           |           |
| Church:  |                   |                      | City: _           |                     |               |           |           |
| T-Shirt Size: Youth [ ] S [<br>Emergency Contact   | ]M []L            | Adult []S            | [ ] M [           | ]L []XL             | [ ] 2XL [     | ] 3XL     | [ ] 4XL   |
| Name:  | Relationship:     |                      | Phone:            |                     | Alt Phone:    |           |           |
| Name:  | Relationship:     |                      | Phone:            |                     | Alt Phone:    |           |           |
| Medical Info<br>List Relevant Medical Histor<br>diabetes, past surgery, etc.)                  | ry and/or conditi | on(s) that would     | d help us n       | neet the camper     | s needs (e    | xample:   | seizures, |
| Known Allergies:   |                   |                      |                   |                     |               |           |           |
| For the safety of each camper, administered by camp-approve                                    |                   |                      |                   |                     | t the camp n  | urse's st | ation and |
| If you need to send medication send any medication that is not mark below the medications that | absolutely necess | ary. Ibuprofen, Ty   |                   |                     |               |           |           |
| All medication must be in its (<br>Be sure to make campers na                                  |                   |                      | pharmacy. N       | lo blank pill bottl | es or daily r | nedicati  | on boxes. |
| Aspirin: [ ] YES [ ] NO  | Tylenol: [ ] YES  | [ ] NO <b>  Ib</b> t | iprofen: [ ]      | YES []NO            | Benadryl:     | []YES     | [ ]NO     |
| Daily Medications: [ ] YES   | [ ] NO            | ls camper up to      | date on thei      | r tetanus vaccine   | e:[]YES       | [ ] NC    | )         |
| Medication   | Dose              | Time<br>(a.m. or p   | /^                | Any other s         | pecial in     | struc     | tions     |

| Medication | Dose | Time<br>(a.m. or p.m.) | Any other special instructions |
|------------|------|------------------------|--------------------------------|
|            |      |                        |                                |
|            |      |                        |                                |
|            |      |                        |                                |
|            |      |                        |                                |
|            |      |                        |                                |

| Name:   | Church  | n:   |  |  |  |
|---|---|--|--|--|--|
| Health Insurance Company:   |   |  |  |  |  |
| Insurance Phone:  | Group #:  | ID #   |  |  |  |
| Doctors' Name:  |   | Phone:   | Phone:   |  |  |
| Address:  | City:   | State:   | Zip:   |  |  |
|   | AUTHORIZA <sup>-</sup>  | TION   |  |  |  |
|   | lerstand the camp rules. I agree that my<br>ild does not abide by these rules, I unde<br>inistration.   |  |  |  |  |
| and/or camps hosted by ETBE. Pictur   | ne use of photographs and/or video of r<br>e use examples include, but are not lim<br>may be requested by contacting the car  | ited to: on the ETBE camp webpag                                       |  |  |  |
| activities occurring within the camp pradministration or church leadership to | e-named camper to take part in activities rogram. If in the event of an emergence sign for emergency medical care should be at camp, but that accidents can and coseen event. | y, I cannot be reached, I hereby giuld it be necessary. I understand t | ive my consent for ETBE camp<br>hat every effort will be made to |  |  |
|   | ated with the Southern Baptist Convent efs of the Baptist denomination. A sum   |  |  |  |  |
| Signature:  | Printed Name:   | Dat  | e:   |  |  |