



2012 Camper Profile & Health Form

Camper Name: _____ Birth Date: _____ Age: _____ Sex: _____

Address: _____

Denomination: _____ Church _____

Is this the camper's first time away from home for a week or more? _____

Is this the camper's first time at Badlands Ministries? _____

Does your child make friends easily? _____ Does your child know how to swim? _____

If applicable, please list any fears or concerns you or your camper have about camp: _____

Please check those conditions the camper has or is inclined to have.
Please give more detailed information in the space provided following:

Asthma	_____	Chicken Pox	_____	Seasonal Allergies	_____
Diabetes	_____	Convulsions	_____	Insect Sting Allergies	_____
Bleeding Disorder	_____	Ear Infections	_____	Food Allergies	_____
Throat Infections	_____	Bed Wetting	_____	Drug Allergies	_____
Sleep Walking	_____			Other Allergies	_____
Other	_____				

More Detailed Information from the Above List: _____

Please note any special health problems and/or emotional or behavior issues and explain: _____

Activity Restrictions: _____

Dietary Restrictions: _____

Current Medications / Condition / Dosage / Method: _____

In case of emergency, notify: _____ Relationship: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____ Phone #: _____

Physician's Name: _____ Physician's Phone #: _____

(OVER)

Parent / Guardian Permissions

Authorization for treatment: This health history is correct, so far as I know, and there is no reason my child can not engage in all camp activities except as noted on this form. My child has permission to take part in all camp activities, and I will not hold *Badlands Ministries* or its staff responsible for accidents, claims, or damages arising therefrom. I authorize *Badlands Ministries* to take action as deemed necessary for the care, welfare, and health of my child including consent for medical treatment. I hereby give permission to the medical personnel selected by *Badlands Ministries* to secure and administer treatment including: to provide necessary treatment (including hospitalization), to order X-rays or routine tests, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child.

This completed form may be photocopied for trips away from camp.

Parent / Guardian Signature

Date

Printed Parent / Guardian Name

Authorization for transportation: I understand that my child will be transported off the property of *Badlands Ministries* and thereby give my permission to *Badlands Ministries* to transport my child to the Theodore Roosevelt National Park, the Medora community pool, and / or another location in conjunction with his / her appropriate program. I also give *Badlands Ministries* and the *ELCA* permission to use any photograph or video of my child taken at any camp function for future publications, including our website.

Parent / Guardian Signature

Date

Printed Parent / Guardian Name

If your child is home schooled, please attach all immunization records.