

# 2023 Camper Health Form

This is a First Time Camper!!     My Camper is Home Schooled     My Camper can NOT Swim

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency contact if parents can't be reached: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_ Campership Dollar Amount: \_\_\_\_\_

(Your church may have a program for your camper that contributes to their camp registration fees.  
If you know the amount your congregation is contributing, please enter that information)

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

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Ear Infections           | <input type="checkbox"/> Food Allergy       |
| <input type="checkbox"/> Bed Wetting       | <input type="checkbox"/> Sleep Walking   | <input type="checkbox"/> Hay Fever                | <input type="checkbox"/> Medication Allergy |
| <input type="checkbox"/> Throat Infections | <input type="checkbox"/> Behavior Issues | <input type="checkbox"/> Allergy to insect stings | <input type="checkbox"/> Mental Illness     |

Detailed Information concerning the above: \_\_\_\_\_

Dietary or Activity Restrictions: \_\_\_\_\_

Current Medications / Condition / Dosage / Method: \_\_\_\_\_

Does your child require one-on-one supervision? (staffing purposes): \_\_\_\_\_

**This health history is correct, so far as I know, and there is no reason my child  
cannot engage in all camp activities except as noted above.**

Printed Parent / Guardian Name(s)                      Parent / Guardian Signature                      Date

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

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

**How did you hear about Badlands Ministries Programs this year?**

- Home Congregation
- Website
- Sibling
- Word of Mouth
- TV Ad
- Print Ad
- Social Media
- Other \_\_\_\_\_

**Parent / Guardian Permissions**

**Authorization for treatment:** 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**

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**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**