

2024 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

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