Health History & Parent/Camper Consent

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360
Questions? contact: (570) 629-1902 or summercamp@streamside.org

Camper's name _____ DOB ____/____/_____

Parent/Guardian Name _____ Relation _____

Address _____ City _____ State _____ Zip _____

Phone: Home (_____)_____ Work (_____)_____ Cell (_____) _____

Emergency Contact Name _____

Relationship _____ Phone (_____)_____

Family Physician _____ Phone (_____) _____

Date of last physical exam _____/_____/_____ Do you carry family medical/hospital insurance? ❑ Yes ❑ No

If so, indicate: Carrier _____ Phone (_____)_____

Policy/Group # _____

THIS FORM MUST BE COMPLETED AND SENT AT LEAST TWO (2) WEEKS PRIOR TO THE ENCAMPMENT TO BE CONSIDERED REGISTERED FOR CAMP.

CONFIDENTIAL: We respect your privacy. This form is intended to provide necessary medical information to care for the well being of your child. It is reviewed by the camp nurse and possibly your child's cabin counselor, if appropriate. In the event of an emergency, it may also be reviewed by medical personnel, camp administration, office staff, and transportation personnel.

ALLERGIES AND CONDITIONS

Indicate severity of all that apply

Mild: no medication required (ex: rash resolves on its own)
Moderate: medication may be required (ex: Benadryl for hives)
Severe: life threatening (ex: carries a bee sting kit)

SPECIFY	MILD	MODERATE	SEVERE	ADDITIONAL COMMENTS:
Hay Fever	_____	_____	_____	
Ivy Poisoning	_____	_____	_____	
Insect Stings	_____	_____	_____	
Penicillin	_____	_____	_____	
Medication	_____	_____	_____	
Asthma	_____	_____	_____	
Other	_____	_____	_____	

FOOD ALLERGIES AND DIETARY RESTRICTIONS

Streamside will accommodate for food allergies and special diets to the best of our ability if information is received at least two (2) weeks prior to encampment. Please list food restrictions or allergies, the severity of the reaction and any medical interventions necessary (epi-pen, Benadryl, etc.):

RESTRICTIONS/ALLERGY	REACTION	INTERVENTION
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL COMMENTS:

DISEASES AND CONDITIONS

(Check all that apply, please give appropriate dates)

_____ Frequent Ear Infections
_____ Heart Defect/Disease
_____ Convulsions/Seizures
_____ Diabetes
_____ Bleeding/Clotting Disorders
_____ Hypertension
_____ Mononucleosis
_____ Hepatitis
_____ Chicken Pox
_____ Measles
_____ German Measles
_____ Mumps
_____ A.D.D./A.D.H.D.
_____ Bedwetting
_____ Sleepwalking
_____ Other _____

ADDITIONAL COMMENTS:

MEDICATION

All medications must be turned in to the Camp Nurse and must remain in the original pharmacy labeled container that bears the camper's name on it, loose pills will not be accepted. Be sure containers are clearly marked with:

- the name of the prescribing physician,
- the name of the Medication,
- the dosage and strength, and
- how often the medication is to be taken.

Our Camp Nurse will have most over-the-counter medications available. Unused medications will be returned at the end of camp.

1. _____
2. _____
3. _____

ADDITIONAL COMMENTS:

Tetanus shot - last vaccination date _____/_____/_____

Operations or serious injuries (dates) _____

Disability, chronic or recurring illness _____

Any specific activities to be encouraged or limited by physician's advice _____

_____

AUTHORIZATION FOR TREATMENT AND CONSENT

IMPORTANT - This release form MUST be signed for attendance

I hereby give permission to the medical personnel selected by the Streamside Camp director to order X-rays, routine tests, and transportation as deemed necessary for me/my minor child. If I am unable to be contacted in an emergency, I hereby give permission to the medical personnel selected by the Streamside Camp director to secure and administer treatment, including hospitalization, for the person named above. This health history is correct to the best of my knowledge, and may be photocopied for trips off camp. The person herein described has permission to engage in all prescribed camp activities except as noted. I understand that there are risks inherent in camp activities and agree to hold BCM International/Streamside Camp and Conference Center, its staff, volunteers, directors and officers blameless in all instances. Should it become necessary for me/my child to return home for medical or disciplinary purposes, I will arrange for transportation at my expense within four (4) hours of the request. I agree to allow BCM International/Streamside Camp and Conference Center and Christian Camp and Conference Association to use audio, video, still pictures and stories of myself and/or my child for promotional purposes. By my signature, I consent to these statements and grant such authorizations.

SIGNATURE of parent/guardian or adult camper _____ Date _____/_____/_____