

TWIN PEAKS BIBLE CAMP – HEALTH CERTIFICATE

Camp Year _____	Week 1 (Grades 3-4) <input type="checkbox"/> Camper <input type="checkbox"/> Staff	Week 2 (Grades 5-6) <input type="checkbox"/> Camper <input type="checkbox"/> Staff	Week 3 (Grades 7-8) <input type="checkbox"/> Camper <input type="checkbox"/> Staff	Week 4 (High School) <input type="checkbox"/> Camper <input type="checkbox"/> Staff
--------------------	---	---	---	--

Participant Name _____ M / F Date of Birth ____ / ____ / ____ Age ____ Grade ____

Parent/Guardian Name _____ Relation to Participant _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ Email _____

Place of Employment _____ Work Phone (_____) _____

Medical Insurance _____ Policy # _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Doctor _____ Phone (_____) _____ Dentist _____ Phone (_____) _____

IN CASE OF AN EMERGENCY – If I/we cannot be reached, the camp may contact:

Name _____ Relation _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

In an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for the physician selected by the Camp Director to secure appropriate treatment for my child, including hospitalization and surgery.

→ Parent/Legal Guardian Signature _____ **PARENT SIGNATURE REQUIRED** Date _____

HEALTH HISTORY INFORMATION – All information is private and protected; we appreciate your completion in full so that our health staff can be of the best possible help to our campers and other staff members.

Allergies (drug, food, environmental): _____

Dietary considerations: _____

Medical diagnoses (including, but not limited to, depression, migraines, asthma, blood-borne diseases, etc.): _____

Recent illnesses, operations, or injuries: _____

Ongoing treatments (including use of a joint brace, etc.): _____

List disabilities/limitations on activities: _____

VACCINE RECORDS – Date of most recent tetanus vaccine: _____ Vaccine Record: Attached In Camp File

***COLORADO STATE LAW** requires that each camp participant provide a copy of his/her vaccine record or an annual statement of exemption. Please use the state form available on www.tpbc-co.org; it will be kept in the camp’s long-term records. Complete this form if the camp does not already have your child’s vaccine records on file, or if your child has received additional vaccines. Mark the appropriate box above.

CAMPER MEDICATION – By state regulation, all prescriptions*, over-the-counter medications and supplements **MUST** be in the original, labeled container **AND ACCOMPANIED BY A DOCTOR’S NOTE** or we **CANNOT** administer them to the camper.

*From a licensed pharmacy, properly labeled including name, directions for use and the name of the prescribing practitioner.

List all medications/supplements the camper will be taking at camp, including directions for use and possible side effects:

_____ should take the above medications/supplements as listed while at camp.

→ Physician Signature _____ **DOCTOR’S SIGNATURE REQUIRED FOR MEDICATIONS** Date _____

PHYSICIAN’S STATEMENT OF HEALTH: I have examined this camper and find him/her to be in satisfactory physical condition, free from contagious disease and capable of active participation in the regular camping program except as stated above.

→ Physician Signature _____ **DOCTOR’S SIGNATURE FOR STATEMENT OF HEALTH** Date _____

I give permission for _____ to take the above medications while at camp as ordered by my child’s physician. I understand I must supply them in compliance with state regulations. I understand the camp uses a Physician-Approved Medication List as needed (including, but not limited to, ibuprofen, acetaminophen, antacids, allergy relief, and triple antibiotic ointment).

→ Parent/Legal Guardian Signature _____ **PARENT SIGNATURE REQUIRED FOR MEDICATIONS** Date _____