PERMISSION FOR EMERGENCY TREATMENT AND HEALTH HISTORY

Parchment Valley Conference Center

Please fill this form out as completely as possible for us to be able to provide the best care for your child while they are at camp. Every camper needs a completed health form to participate in any Parchment Valley summer camp program.

SECTION 1 – BASIC CONTACT INFORMATION

Full Name ______________________ Birthdate __________ Age at Camp ______

Home Address ______________________

Social Security Number of Participant ______________ Gender of Camper ____ Male ____ Female

Camper Lives With (Circle) Father Mother Grandparent Other

Custodial Parent/Guardian ______________________ Phone ______________

Home Address ______________________

Business Address ______________________ Phone ______________

If not available in an emergency, notify ______________________ (Relationship)

Address ______________________ Phone ______________

Family Physician ______________________ Phone ______________

Dentist/Orthodontist Name ______________________ Phone ______________

SECTION II – TRANSPORTATION

Who will be picking up your child at the Parchment Valley Conference Center at the close of Camp?
Name(s) ______________________

Is there anyone in particular whom you do not want to pick up your child at the close of camp?
Name(s) ______________________

SECTION III – INSURANCE INFORMATION - Attach copy of your insurance card.

Is the participant covered by family medical/hospital insurance? _____ Yes _____ No

If so, indicate carrier or plan name ______________ Relationship to Participant ______________

Carrier Address ______________________

Address for Claims ______________________

Policy Holder's Insurance ID # ______________ Employer ______________

Policy Holder's Social Security # ______________ Policy Holder's Date of Birth ______________

SECTION IV – ALLERGIES

Camper does not have any allergies _____ Yes _____ No

Camper is allergic to:

Poison Ivy/Oak _____ Yes _____ No Insect Stings _____ Yes _____ No

Medications _____ Yes _____ No Food Allergy _____ Yes _____ No

Explain ______________________

Complete Reverse Side

SECTION V – MEDICATIONS AND RESTRICTIONS

Will the camper be taking medications while at camp? _____ Yes _____ No

ALL MEDICATIONS (INCLUDING PRESCRIPTION, OVER THE COUNTER, INHALERS) MUST BE TURNED IN TO THE MEDICAL PERSONNEL AT REGISTRATION. Please list all prescription and non-prescription. Use additional sheet if necessary. Bring to camp all medications in their original packaging that identifies the prescribing physician, the name of the medication, the dosage and the frequency of administration.

NAME	DOSAGE	TIMES GIVEN	TOTAL DAILY DOSE	REASON FOR MEDICATION	SPECIAL INSTRUCTIONS

Prescribing Physician ______________________________ Phone ______________

** **Child Under Eighteen** – Should your camper need immediate medical attention outside of camp, hospital emergency staff as well as paramedics need to know your child's **Height** ____ **ft.** ____ **in. Weight** ______ to provide emergency treatment.

** **Identify any medications** the camper takes during the school year that the camper does not/may not take during the summer:

____

SECTION VI – PERMISSION FOR OVER-THE-COUNTER MEDICATIONS

I grant permission for the camp health personnel to administer over-the-counter medications indicated below:

Tylenol	Yes _____	No _____	Motrin/Advil	Yes _____	No _____
Pepto-Bismol	Yes _____	No _____	Maalox/Tums	Yes _____	No _____
Imodium	Yes _____	No _____	Benadryl	Yes _____	No _____
Cough Medicine	Yes _____	No _____	Allergy Relief/Claritin	Yes _____	No _____

Parent Signature for over-the-counter medication: ______________________________

SECTION VII – MEDICAL HISTORY OR SPECIAL INSTRUCTIONS FOR MINOR ILLNESS

Please provide information (past or present) on any illness (fevers, infections, rashes, cough, headaches) or injuries (broken bones, asthma, concussion, surgeries) or special instructions for minor illnesses. Unless specific instructions are provided, the camp health professional will treat minor illnesses with over-the-counter medications. If the illness persists, parents will be notified.

____Attach additional sheet if needed.

Has your child ever been put on concussion protocol? ___ Yes ___ No ___ If yes, when? ________________

Has your child ever tested positive for COVID-19? ___ Yes ___ No If yes, when? ________________

Date of last Tetanus Shot ______________________________

SECTION VIII – NOTARY

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the participant herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director or order x-rays, treatment; to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for participant. This completed form may be photocopied for trips out of camp. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, that failing to reach me, all reasonable attempts to contact the alternate listed in Section 1 will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release the West Virginia Baptist Convention, the Camp Cowen Board, the Parchment Valley Board of Directors, the West Virginia American Baptist Youth, and all persons associated with these organizations from any liability associated with any accident, injury or disease to the person who is the subject of this form.

SIGNATURE ______________________________ (SEAL)

STATE OF WEST VIRGINIA, COUNTY OF ________________

I, a qualified Notary Public in and for the County aforesaid, hereby certify that the person whose signature appears above did on this date appear before me and after being duly sworn or affirmed, did affix his/her signature hereto in my presence.

______________________ NOTARY PUBLIC Date Executed ______________ Commission Expires ______________