

**Health History Form for 2013
Monadnock Bible Conference
Short-Term Campers (3 Nights or Less)**

*Return Completed Form to
your youth group leader:*

Key Leader Name

Church/Group Name

Church/Group City and State

Due in Church Office by

Date Due

Questions?
Call Sue Williams at
603-532-8321

Camper Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ Male Female
Month Day Year

Monadnock Bible Conference will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program:

Parent/Guardian: _____

Preferred Phone #: (_____) _____

Alternate Phone #: (_____) _____

Parent/Guardian Address: _____
Street address City/Town State Zip Code

About health care for short-term camper stays:

- At minimum, a staff member with EMT, First Aid, and CPR qualifications is at camp when campers are present.
- Campers should arrive ready to participate in the program.
- You must let the camp know of any limitations concerning your child: _____

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Monadnock Bible Conference and NH State Law requires original pharmacy containers with labels, which show the camper's name and how the medication should be given. Please provide enough of each medication to last the entire time this camper will be at camp.

All medication is to be turned in to and reviewed with the camp's healthcare professional upon arrival to camp. The group leader or parent should review the expected schedule and doses with the healthcare professional at check-in. The camp's healthcare professional will distribute medications according to this document as reviewed at check-in.

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those this camper should not be given.

- | | |
|---|--|
| Acetaminophen (Tylenol) | Aloe |
| Antibiotic cream, topical | Antifungal spray/powder |
| Calamine lotion | Cough syrup |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Electrolyte (drink/powder) |
| Epinephrine (Epi-pen for severe allergic reactions) | Generic cough drops |
| Hydrocortisone Cream | Ibuprophen |
| Lice shampoo or cream (Nix, Elimite, or mayonnaise) | Pseudoephedrine decongestant (Sudafed) |
| Saline eye drops (Visine or Clear Eyes) | Sore throat gargle |
| Tums | |

1. Date (month & year) of this child's most recent tetanus immunization _____
 a. If not immunized, would you allow camp to send this child to the ER for immunization if needed? . . . Yes No
2. Is this child allergic to any food or medication? Yes No

If YES, name the item and indicate the reaction: _____

Signature of Parent/Guardian: _____ Date: _____

This is side 1 – Please be sure to fill out and sign BOTH sides of this form

3. Does your child use/carry an epi-pen? Yes No
 a. Does this child have medical concerns such as asthma, diabetes, seizures, etc.? Yes No
 b. If Yes, what: _____

If YES, what triggers your child's medical problem (asthma, diabetes, seizures, etc.)? _____

4. List all medications including OTC medications/inhalers this child takes on a routine basis:

- This camper takes no routine medication.
 This camper will be expected to take the following routine medication while at camp:
 a. Med: _____ Reason for taking this: _____ Time/Schedule _____
 b. Med: _____ Reason for taking this: _____ Time/Schedule _____
 c. Med: _____ Reason for taking this: _____ Time/Schedule _____

5. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

6. Insurance information:

Subscriber's Full Name (Parent/Guardian/Self): _____ Date of Birth ____/____/____
 Name Insurance Company _____ Insurance ID# _____
 Insurance Phone # (_____) _____

If possible, please attach a copy of the insurance card.

Photo/Video/Audio Release Statement

In registering my child for any event at Monadnock Bible Conference, I agree to the use by Monadnock Bible Conference and any of its ministries of my child's name, image, and/or video for art and/or promotional materials. Although pictures, audio, and video taken during camp may include your child, there is no guarantee that he/she will be featured in any of the aforementioned materials. These materials may be used online, in print, and may be distributed via the Internet, mail, public media, or over the air.

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand the camp has limited healthcare on site and the staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I understand all medications including OTC meds are to be turned in to the camp medical staff and reviewed with the check-in medical professional. I acknowledge the camp's healthcare professional will handle medication as described and the information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____