

Camp Bandina - Waldrum Session
NURSE INFORMATION FORM – 2019

_____ Date of Birth _____
Last name First name

_____ Address _____
Street or Route Number City State Zip Code

Parent or Guardian's Name _____

Address of Parent or Guardian _____ Phone: _____ Home
_____ Cell _____ Work

1. Do you have any medication or food allergies? _____

If yes, what: _____ Type of reaction? (ie:rash/difficulty breathing?) _____

2. Past Medical History (Camper Only): Please answer yes or no to each. If yes, explain on back.

- | | |
|--------------------------------|-------------------------------------|
| a. Heart problems _____ | b. Kidney or bladder problems _____ |
| c. Lung (ie:asthma, etc) _____ | d. Neurological or mental _____ |
| e. Diabetes or thyroid _____ | f. Stomach/intestine/liver _____ |
| g. Other _____ | |

3. Have you had surgery within the last year? _____ If yes, describe on back.

4. Do you have special medicine with you? _____ If yes, please list all prescription and non-prescription medications you will bring to camp. **Note: All meds, must be in original containers. All prescription medications must have original pharmacy label on container with camper's name in order to be dispensed at camp. List daily and as needed medications your child will/may take at camp.**

Name of med.	Strength(mg)	Time to be taken	Reason for med.
(1.) _____	_____	_____	_____
(2.) _____	_____	_____	_____
(3.) _____	_____	_____	_____
(4.) _____	_____	_____	_____
(5.) _____	_____	_____	_____
(6.) _____	_____	_____	_____

ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH THE CAMPER'S NAME ON THE LABEL IN ORDER TO BE DISPENSED AT CAMP.

5. Have you had a tetanus shot within the last six months? _____

6. Have you had or been immunized for: Measles _____ Mumps _____ Rubella _____ Chicken Pox _____

Diphtheria _____ Whooping Cough _____ Other _____

I/We hereby give permission for the director and/or camp nursing staff to take _____ to the hospital or to see a health care provider in case of accident or sickness and to receive medical treatment as prescribed by the health care provider. I/we also acknowledge an understanding that camper health information may need to be shared with camp staff to ensure a safe camp experience. Confidentiality of camper health information is an important aspect of providing camp health care, along with keeping camp staff informed of camper needs. I/we understand the youth camp will not be held responsible for this camper and I/we will never bring any legal action against Bandina Christian Youth Camp, Inc.

Signed: _____ Date: _____

I/we give permission for _____ to swim while at camp. In case of an accident I/we give authority and consent for medical and surgical treatment as needed in the judgment of treating health care providers. I/we also agree that Bandina Christian Youth Camp, Inc. and its staff members will not be held responsible in the case of accident. I/we will never bring legal action against Bandina Christian Youth Camp, Inc.

Signed: _____ Date: _____

Please return with your camp application. Nurse form must be turned in to enroll.