

**Camp Bandina - Waldrum Session**  
**NURSE INFORMATION FORM – 2020**

\_\_\_\_\_ 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.**