

MEDICAL FORM FOR ALL CAMPERS & LEADERS

Church Group: _____

Date Attending: _____

PART ONE

Last Name _____

First Name _____ MI _____

Street Address _____

City _____

State _____ Zip _____

Date of Birth: ____/____/____ Gender: _____

Emergency Contact (parent or guardian)

Name _____

Home Phone (_____) _____

Mobile Phone (_____) _____

If address differs from above, please disclose

Address _____

City _____

State _____ Zip _____

List any known allergies, medical problems, or physical limitations _____

Insurance Subscriber's Name _____

Subscriber's Date of Birth ____/____/____

ID# _____

Name Insurance Company _____

Insurance Phone # (_____) _____

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

PART TWO

Medical Release Statement

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician or hospital selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. I also give my permission for the medications as listed on this page.

Photo Release Statement

In registering my child for camp I agree to Monadnock Bible Conference Center using my child's name or image for promotional materials unless otherwise stated.

**THOSE UNDER 18 MUST BE SIGNED
BY PARENT OR GUARDIAN.**

THOSE 18 AND OVER MUST SIGN FOR THEMSELVES.

SIGNATURE REQUIRED (IN INK)

DATE: _____

PART THREE

Recommendations & Restrictions

In compliance with our camp physicians standing orders, we require a parents directive for medications. The following is a list of medications suggested by our physicians which we stock in our infirmary.

Please cross off any medications you do not want to be given to your child and then sign the statement at the bottom right. You may substitute a medication if you send it with your child and write the medication in the space below.

Pain Relief: Tylenol, Ibuprofen

Cold Symptoms: Dimetapp, Sudafed, Robitussin, Robitussin DM

Conjunctivitis: Polytrim or Sodium Sulamyd 10%

Upset Stomach: Antacids

Head Lice: Nix Shampoo

Contact Dermatitis (ex. Poison Ivy): Calamine lotion, Cortaid, Rhuli spray

Fungal Infections: Tinactin

Allergic Reaction: Benadryl elixir or capsules

Over the counter medications I will be sending with my child:

PART FOUR

Required Only for Prescription Medications

Campers with prescription medications must have a written order from their family physician before the camp nurse may dispense.

The label on a prescription bottle can not be used in lieu of a doctor's note.

All medications must be sent in original prescription bottles

Name of Medication: _____

Dosage: _____

Condition Requiring Medication: _____

Times Normally Taken: _____

Name of Medication: _____

Dosage: _____

Condition Requiring Medication: _____

Times Normally Taken: _____

Name of Medication: _____

Dosage: _____

Condition Requiring Medication: _____

Times Normally Taken: _____

Physician's Signature: _____

Required Only for Prescription Medications for those 18 and Under.

Monadnock Bible Conference Center

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