

MONTROSE BIBLE CONFERENCE
5 Locust St., Montrose, PA 18801

HEALTH RECORD AND CONSENT FOR TREATMENT

Week of Camp

NOTE: Parent/Guardian -- IT IS IMPORTANT that you complete the following Health Record and return it prior to camp to help expedite your registration.

Name _____ Sex _____
(Last) (First)

Birthdate _____ Grade Completed _____ Phone (____) _____

Address _____
(Street) (City) (State) (Zip)

Email Address _____

Father/Guardian Name _____ Work Phone (____) _____

Mother/Guardian Name _____ Work Phone (____) _____

If Not Available In An Emergency, Call:

① Name _____ Phone (____) _____

② Name _____ Phone (____) _____

IS PERSON COVERED BY HEALTH INSURANCE? YES NO

If YES, Name of Insurance Company: _____

Address _____

Employee Name _____ Social Security # _____

Group # _____ Policy # _____

HEALTH HISTORY: (give dates and specifics where applicable)

Asthma _____

Allergies:

Drugs _____

Food _____

*Insect bites _____

Ivy poisoning _____

Hay Fever _____

What treatment is required for allergies? _____

Diabetes _____

Disability or chronic recurring illness: _____

Ear problems _____

Operations/Serious injury _____

ADD / ADHD _____

Learning Disabilities _____

Date of last Tetnus (DT, DPT): _____

Bedwetting _____

Bleeding/clotting disorder _____

Chicken pox _____

Convulsive disorder _____

Contact with TB _____

Other: _____

* If bees, the person is responsible to bring to camp an appropriate sting kit !!

CURRENT HEALTH STATUS:

Dietary modifications _____

For Females: Has she menstruated? _____ If not, has she been told about it? _____
If yes, is menstrual history normal? _____

Current medications: (must be brought in original container)

MEDICATION	DOSAGE	TIME GIVEN	REASON

What does this person usually take for fever / pain? _____

Dosage and type (chewable, liquid, etc.) _____

Camper's Physician (name & phone number)

All Medication Must Be Turned Over To Camp Nurse Upon Registering!

**IF CHILD IS EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN TWO WEEKS
 PRIOR TO HIS/HER CAMP STAY, PLEASE DO NOT SEND HIM/HER TO CAMP.**

This information MUST be completed for attendance at Camp:

In signing this application, I hereby certify that the registrant (camper) is in good health and may participate in the activities of Camp Montrose / Montrose Bible Conference. Exceptions are listed. In medical emergency in which a guardian cannot be reached, I authorize officials of the Camp to secure proper medical personnel to hospitalize, secure treatment for, and to order injection, anesthesia, dentistry, or surgery for the Camper named on this form.

I give my permission for the Camp to use camp photos, images, likenesses, and first name of the Camper for publication, multimedia presentation, display, advertisement, or World Wide Web production.

In signing this application I agree that the Camper will abide by all regulations governing personal conduct and use of camp property and that the Camper will participate fully in the program. Should it become necessary for the camper to return home because of illness, or for any other reason, I will abide by the Camp's decision.

Accepted and agreed: _____
Signature of parent or guardian Date