



218 Locust St Montrose, Pa 18801

Health Record and Consent Form

Montrose Bible Conference

Session Name: _____ Date of Session: _____

Note: Parent/Guardian it is important that you complete the following Health Record and return it **at least 14 days prior** to the start of camp to expedite your check-in

General Information:

Camper Name: _____				Gender: M F	Birth Date: _____	
Address: _____						
	(Street)		(City)		(State)	(Zip)

Emergency Contact:

Parent / Guardian Name	Relationship to Camper	Phone
Parent / Guardian Name	Relationship to Camper	Phone

If neither parent / guardian is available in an emergency contact the person(s) below.

Name	Relationship to Camper	Phone
Name	Relationship to Camper	Phone

Insurance & Physician Information:

Name of Insurance Company: _____			
Address: _____			
	(Street)	(City)	(State) (Zip)
Policy # _____	Group # _____		
Physician Name: _____		Physician's Phone: _____	

In addition to providing the health insurance information above **please send a photo copy of your insurance card (front & back)** with the completed health form.



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Health History: (Give dates and specifics where applicable. Use separate sheet of paper if necessary)

<input type="checkbox"/> ADD/ADHD _____	<input type="checkbox"/> Disability or chronic recurring illness _____
<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Ear trouble _____
<input type="checkbox"/> Bedwetting _____	<input type="checkbox"/> Operations/ Serious injury _____
<input type="checkbox"/> Bleeding/ clotting disorder _____	<input type="checkbox"/> Tuberculosis _____
<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Tetanus Shot (Date of last) _____
<input type="checkbox"/> Convulsions _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Diabetes _____	

If a girl, has menstruation begun? _____ If not, has she been informed? _____

Allergies: Food, Medication, Other (If camper needs Epi Pen please send it to camp with camper, and indicate whether it needs to be carried by camper or kept in the health center)

Allergy Example: Peanuts	Reaction Example: Throat swells	How reaction is managed Example: Injected w/ Epi-Pen
Allergy	Reaction	How reaction is managed
Allergy	Reaction	How reaction is managed
Allergy	Reaction	How reaction is managed

Medication: List all medications, vitamins, and herbals which are brought to camp. *All medications, vitamins, and over the counter medications must be in the original, labeled containers with your campers name on it.*

Medication	Dosage	Time Given	Reason for taking
Medication	Dosage	Time Given	Reason for taking
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Waiver: (This **must** be signed for your child to attend 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, including paintball, the giant swing, and indoor climbing wall. Exceptions are listed. In the event of a 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)

Print Name: _____

