

BBC Summer Health Form

Parents or Guardians: This form must be filled out, signed and turned in BEFORE the student may remain on campus for Camps/Conferences.

Sports Camps Attending

- Defender Basketball
- Lady Defender Basketball
- Defender Soccer

Youth Conferences Attending

- Jr. High Boot Camp
- TLC I (July 18–23)
- TLC II (July 25–30)

Baptist Bible College will have trained medical personnel on duty with 24-hour service available. Numerous area hospitals are within several miles of the school. In the event you are not available for consent, the hospital medical staff may proceed with diagnostic and medical treatment.

Attendee's Name _____ Gender: M / F
First MI Last

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Age _____ Birth Date _____

Church/School Name *(Church/school you are attending with)* _____

Church/School City _____ Church/School State _____

Parent/Guardian Name (#1) _____ Best Contact # (_____) _____
First Last

Parent/Guardian Name (#2) _____ Best Contact # (_____) _____
First Last

INSURANCE INFORMATION *(Please fill out completely!)*

Does this insurance require Pre-Treatment Authorization? yes no **Please attach a copy of your insurance card to this form!**

Company Name _____ Phone Number (_____) _____

Policy Number _____ Group Number _____

Insurance Holder's Name _____ Birth Date _____

Primary Care Physician _____ Phone Number (_____) _____

MEDICAL HISTORY *(Please fill out completely!)*

Over the counter medicines (Tylenol, Benadryl, Pseudophedrine, Pepto Bismol, etc) are available from the nurse when needed.

ALLERGIC REACTIONS

Does the student have any allergies? yes no bee stings food seasonal other
Please list:

If yes to above, what happens and how is it treated?

Will the student be carrying an epi-pen or inhaler? yes no *If "yes", please specify:*

Does the student suffer from asthma? yes no *If "yes", please specify:*
 Is it sports induced? yes no

IMMUNIZATION RECORD

Are all immunizations up to date including a tetanus within last 10 years? yes no *If "no", please specify:*

GENERAL MEDICAL

Are there any health or behavioral conditions that BBC should be aware of?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If "yes", please specify and include treatment methods:
Is there a history of psychological issues (including but not limited to) cutting, eating disorders, bipolar, etc?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If "yes", please specify:
Does the student regularly take any medications? (If brought to camp they must be in original container)	<input type="checkbox"/> yes	<input type="checkbox"/> no	If "yes", name, dosage, frequency:
Does the student currently have any infectious diseases or conditions?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If "yes", condition name, treatment, how long:
Is the student restricted from participating in any school physical education activity?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If "yes", please specify:
Were any complicating medical problems noted in last health examination?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If "yes", please specify:
Is the student currently under a physician's care for a medical problem?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If "yes", please specify:
Other medical concerns for your student?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If "yes", please specify:

TAPING

A signed note from a physician is required for all taping needs (preventative/previous injury). Please include with this form.

PARENT OR GUARDIAN SIGNATURE (Required for camp/conference attendance)

I know of no reason(s), other than the information indicated on this form, why my son/daughter should not participate in prescribed activities. I give permission for my child to receive emergency medical treatment while at Baptist Bible College. I understand that neither BBC, the director, nor any member of the staff can be held liable for accidents or injuries incurred during the program. Furthermore, the director is authorized to make any emergency decisions requiring medical attention. I understand that I am responsible for health insurance for my child and will be responsible for any and all costs incurred for seeking medical attention on his or her behalf.

Signature of Parent/Guardian _____ Date _____

CONTACT INFORMATION

SPORTS CAMPS: Phone: 570.585.9322

Fax: 570.585.9336

TLC OR BOOT CAMP: Phone: 570.585.9361

Fax: 570.586.1753 (MUST MARK ATTN: TLC)

