

TWIN PEAKS BIBLE CAMP – HEALTH CERTIFICATE

Camp Year 2020	Week 1 (Grades 3-4) <input type="checkbox"/> Camper <input type="checkbox"/> Staff	Week 2 (Grades 5-6) <input type="checkbox"/> Camper <input type="checkbox"/> Staff	Week 3 (Grades 7-8) <input type="checkbox"/> Camper <input type="checkbox"/> Staff	Week 4 (High School) <input type="checkbox"/> Camper <input type="checkbox"/> Staff
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Participant Name _____ M / F Date of Birth ____ / ____ / ____ Age ____ Grade ____

Parent/Guardian Name _____ Relation to Participant _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Place of Employment _____ Email _____

Medical Insurance _____ Policy # _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Doctor _____ Phone (____) _____ Dentist _____ Phone (____) _____

IN CASE OF AN EMERGENCY – If I/we cannot be reached, the camp may contact:

Name _____ Relation _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

In an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for the physician selected by the Camp Director to secure appropriate treatment for my child, including EMS transport, hospitalization and surgery. I also authorize camp medical staff to provide care to my child as necessary during his/her time as a camper.

→ Parent/Legal Guardian Signature _____ **PARENT SIGNATURE REQUIRED** _____ Date _____

HEALTH HISTORY INFORMATION – All information is private and protected; we appreciate your completion in full so that our health staff can be of the best possible help to our campers and other staff members.

Allergies (drug, food, environmental): _____

Dietary considerations: _____

Medical diagnoses (including, but not limited to, depression, migraines, asthma, blood-borne diseases, etc.): _____

Recent illnesses, operations, or injuries: _____

Ongoing treatments (including use of a joint brace, etc.): _____

List disabilities/limitations on activities: _____

VACCINE RECORDS – Date of most recent tetanus vaccine: _____ Vaccine Record: [] Attached [] Exemption

*COLORADO STATE LAW requires that each camp participant provide a copy of his/her vaccine record or an annual statement of exemption. Please see cover letter for CDPHE-approved forms for vaccine records, which are needed every year you turn in a new Physician's Statement of Health.

*From a licensed pharmacy, properly labeled including name, directions for use and the name of the prescribing practitioner.

CAMPER MEDICATIONS - List all medications/supplements the camper will be take at camp; list by name, dose, route and time to be taken (ex. once a day at bedtime), and potential side effects.

_____ (CAMPER NAME) _____ should take the above medications/supplements as listed while at camp.

He/she **may/may not** (circle one) self-carry and administer his/her *inhaler/s and/or *Epi-Pen. *Only if prescribed by physician.

→ Physician Signature _____ **DOCTOR'S SIGNATURE REQUIRED FOR MEDICATIONS** _____ Date _____

PHYSICIAN'S STATEMENT OF HEALTH: I have examined this camper and find him/her to be in satisfactory physical condition, free from contagious disease and capable of active participation in the regular camping program except as stated above.

→ Physician Signature _____ **DOCTOR'S SIGNATURE FOR STATEMENT OF HEALTH** _____ Date _____

I give permission for _____ to take the above mediations while at camp as ordered by my child's physician. I understand I must supply them in compliance with state regulations. I understand the camp uses a Physician-Approved Medication List (see attached list) as needed. He/she **may/may not** (circle one) self-carry and administer his/her *inhaler/s and/or *Epi-Pen.

→ Parent/Legal Guardian Signature _____ **PARENT SIGNATURE REQUIRED FOR MEDICATIONS** _____ Date _____

Twin Peaks Bible Camp

Approved Medication List

List of approved medication that may be administered by the Health Care Provider at Twin Peaks Bible Camp.

Acetaminophen (Tylenol)
Aloe vera gel for Sunburns
Ambesol
Antacids - Tums, Mylanta
Antifungal cream
Aspirin (to adults 18 years of age or older)
Auralgan
Bee sting kit
Benadryl cream
Benadryl liquid or tablets
Betadine Scrub
Caladryl (Zyrtec)
Ceterizine
Claritin (loratidine)
Dramamine
Ephinephrine
Gas X
Hydrogen Peroxide
Ibuprofen (do not give to children under 6 months of age)
Insect Repellent
Immodium AD
Ipecac Syrup
Kaopectate
Micatin Antifungal Cream
Oxygen up to 4 lpm to transport to clinic if needed
Peroxide
Silvadene for blistered burns
Sinutab
Sudafed (do not give to children under 6 years of age)
Sun Screen
Throat Lozenges
Triaminicol (do not give to children under 5 years of age)
Triple Antibiotic Cream
Ventolin Inhaler
Visine Eye Drop