



CAMPER HEALTH CERTIFICATE

Participant Name: _____

Camp Year: _____

Date of Birth: _____

Parent/Guardian Name: _____

Examining Care Provider _____

Address _____ City _____ State _____

Zip Code _____ Phone Number _____

MEDICAL STATEMENT OF HEALTH

I have examined _____ and find him/her to be in satisfactory physical condition, free from contagious disease, and capable of active participation in the regular camping program, only excepted as stated below.

Doctor/CNP Signature: _____

Date: _____

Exceptions: _____

THIS FORM MUST BE COMPLETED AND UPLOADED IN YOUR TPBC ONLINE ACCOUNT NO LATER THAN TWO WEEKS BEFORE THE SCHEDULED START OF YOUR CHILD'S CAMP.

TWIN PEAKS BIBLE CAMP – 970.523.9077 – PO Box 907, Grand Junction, CO 81502 – Updated 2/2024

NOTE: The Camper Medications Form is only required if your camper has medications or supplements not listed on our Standing Orders Medication List



CAMPER MEDICATIONS FORM

Participant Name _____

Camp Year _____ Participant Date of Birth _____

Health Care Provider Information

Signing Care Provider _____

Address _____ City _____ State _____

Zip Code _____ Phone Number _____

HEALTH CARE PROVIDER MEDICATION AUTHORIZATION (Provider to Complete)

I authorize _____ to take the following medications at camp:

Medication: _____ Dosage: _____ Route: _____

Given at the following time/s: _____ Route: _____

Special Instructions: _____

Purpose of Medication: _____

Side effects to be reported: _____

Medication: _____ Dosage: _____ Route: _____

Given at the following time/s: _____ Route: _____

Special Instructions: _____

Purpose of Medication: _____

Side effects to be reported: _____

EMERGENCY MEDICATION ONLY: [I do] / [I do NOT] authorize this child to self-carry and self-administer his/her EpiPen and/or inhaler. Care Provider Initials: _____

Healthcare Provider Signature: _____

Date: _____

**Please use TPBC's "Camper Medications (Continued)" Page for additional medications.*

THIS FORM MUST BE COMPLETED AND UPLOADED IN YOUR TPBC ONLINE ACCOUNT NO LATER THAN TWO WEEKS BEFORE THE SCHEDULED START OF YOUR CHILD'S CAMP.

TWIN PEAKS BIBLE CAMP – 970.523.9077 – PO Box 907, Grand Junction, CO 81502 – Updated 2/2024



CAMPER MEDICATIONS FORM (CONT.)

HEALTH CARE PROVIDER MEDICATION AUTHORIZATION (Provider to Complete)

I authorize _____ to take the following medications at camp:

Medication: _____ Dosage: _____ Route: _____

Given at the following time/s: _____ Route: _____

Special Instructions: _____

Purpose of Medication: _____

Side effects to be reported: _____

Medication: _____ Dosage: _____ Route: _____

Given at the following time/s: _____ Route: _____

Special Instructions: _____

Purpose of Medication: _____

Side effects to be reported: _____

Medication: _____ Dosage: _____ Route: _____

Given at the following time/s: _____ Route: _____

Special Instructions: _____

Purpose of Medication: _____

Side effects to be reported: _____

Medication: _____ Dosage: _____ Route: _____

Given at the following time/s: _____ Route: _____

Special Instructions: _____

Purpose of Medication: _____

Side effects to be reported: _____

Healthcare Provider Signature: _____

Date: _____

THIS FORM MUST BE COMPLETED AND UPLOADED IN YOUR TPBC ONLINE ACCOUNT NO LATER THAN TWO WEEKS BEFORE THE SCHEDULED START OF YOUR CHILD'S CAMP.

TWIN PEAKS BIBLE CAMP – 970.523.9077 – PO Box 907, Grand Junction, CO 81502 – Updated 2/2024