

CAMP TOUCHET MEDICAL FORM

Columbia Basin Baptist Association

This form is to be filled out by parents. Please do not leave any areas blank.

Camp Touchet: (509) 382-4585 (Emergency Only)
Camp Touchet Address: 1130 N Touchet Road, Dayton, WA 99328
CBBA: (509) 735-4622 office@columbiabasinbaptist.net
Address: 2537 W Falls Ave., Kennewick, WA 99336

Camper's Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Camper's Church: _____

Father's Name & Phone #'s: _____

Mother's Name & Phone #'s: _____

In Case of an emergency and parents cannot be reached, please notify: Name: _____

Cell or Home #: _____ Work #: _____

Insurance: _____ Group #: _____

Subscriber's Name: _____ Last four digits of Social Security #: _____

MEDICAL HISTORY:

Please place a check after those that apply:

Asthma ___ Athletes Foot ___ Fainting ___ Heart Trouble ___ Rheumatic Fever ___ Diabetes ___ Bee Sting Allergy ___ Seizures/Convulsions ___

Other Conditions: (Please Specify) _____

List all Food and Drug Allergies: (please state severity and response to each allergen) _____

Has camper had appendix out? _____ Are camper's immunizations up to date? _____ Is camper subject to sleep walking? _____

Date of last Tetanus shot: _____ Is camper on any medication now? _____

Please list all medications your child takes daily with the dosage and time medication is to be given. Be as specific as possible.

Medications must be in original container with child's name, physicians name, and name of medication with directions. Medications not listed will not be given. Contact the CBBA if your child adds a medication after this form has been completed.

What medication does your child normally take for headache? _____ Aches & Pains? _____

Menstrual Cramps? _____ Upset Stomach? _____ Sore Throat? _____

I give permission to administer common OTC medication to my child, such as Tylenol, Advil/Ibuprofen, Cough Drops, Pepto-Bismol, etc...as needed unless otherwise stated here: _____

Any other medical conditions not mentioned: _____

The signature below grants permission for basic first aid treatment by camp staff and any other emergency intervention through the local

hospital to _____ while he/she is attending Camp Touchet. The Association's camper

Camper's Name

insurance covers **Accidents only** and is **secondary** to your own coverage.

I give permission for my child to be photographed.

I, the undersigned, verify all the information on this form is correct to the best of my knowledge.

Parent/Guardian: _____ Date: _____

Please return forms to your local CBBA Church if possible or to Columbia Basin Baptist Association. Revised 2013