

PINE SPRINGS BAPTIST CAMP

CAMPER MEDICAL FORM

Camper's Name _____ Age _____ Grade _____ T-Shirt Size _____ Male Female

Address _____ City, State, Zip _____

Attending Church Name _____ Sponsor's Name _____

Retreat / Camp Week (select one)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Texas Camp #5 | <input type="checkbox"/> Encounter Week | <input type="checkbox"/> Texas Camp #4 | <input type="checkbox"/> All The Kings Men |
| <input type="checkbox"/> Texas Spring Camp | <input type="checkbox"/> Texas Camp #1 | <input type="checkbox"/> Scrapbooking Retreat | <input type="checkbox"/> Weekend for Jesus |
| <input type="checkbox"/> Kids Kamp | <input type="checkbox"/> The Journey | <input type="checkbox"/> All For Him Retreat | |

In case of emergency, notify:

Name of Parent / Guardian _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____

Secondary emergency contact:

Name _____ Home Phone _____

Address _____ City, State, Zip _____

Will the camper be taking medication while at camp? Yes No

Medicine _____ Dosage _____ Time of Day _____

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ABSOLUTELY NO MEDICINE WILL BE ADMINISTERED UNLESS IT IS IN THE ORIGINAL OR PRESCRIPTION PACKAGING

Has camper recently been under a doctor's care? Yes No If yes, please give an explanation on reverse side

Any special health problems or handicaps? Yes No If yes, please give an explanation on reverse side

Any food/medication allergies? Yes No If yes, please give an explanation on reverse side

State of Texas Law Requirements

Are you 18 years of age or older? Yes No

Have you ever been convicted of a felony or a misdemeanor? Yes No
If yes, contact Camp Office for additional information on attending camp

Camp Consents

I give my full permission for the above camper to attend Pine Springs Baptist Camp and to take part in all activities. My child will not attend if he/she has been exposed to a contagious disease or if he/she is not in good physical condition. I do not hold Camp Personnel and/or Sponsor(s) responsible for any accident or illness; and if necessary, authorize the Camp Personnel and/or Sponsor(s) to take my child to a physician or hospital. I also give my full consent for the doctor selected to render professional services to my child, if he/she becomes ill or is involved in an accident. As parent/legal guardian, I give my permission for the above camper to be photographed and/or filmed during the activities at PSBC. The photographs and/or film will remain the property of PSBC and may be used in camp media, publications, or website. If the above named camper is of the age 18 years or older, I grant authorization to perform the necessary background check as required by the State of Texas.

Camp Medical Insurance

Our Camp medical insurance covers those injuries which occur at Camp and those illnesses which begin at Camp. Maximum coverage is \$2500.00. Since our insurance does not cover previous conditions, please let us know how you would like to take care of charges for those conditions by completing the following information.

Charge to my insurance:

Company Name _____

Phone Number _____

Policy Number _____

Have doctor/hospital bill me:

Name _____

Phone Number _____

Parent / Guardian

Signature Date