

Health History Form for Covenant Point Bible Camp

358 W. Hagerman Lk. Rd.

Iron River, MI 49935

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The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care.

Camp Code: _____ Date of Camp Attendance: _____

Please bring this form with you to camp!

❖ Camper and Contact Information:

Name: _____ Birth date: ____/____/____ Age at camp: _____
Last First Middle

Home Address: _____ Gender: () Male () Female
Street Address City State Zip

Custodial parent/guardian: _____ Phone: _____ Work Phone: _____

Home Address: _____
(If different from above) Street Address City State Zip

Second parent/guardian: _____ Phone: _____ Work Phone: _____

Address: _____
Street Address City State Zip

If not available in an emergency, notify: Name: _____

Relationship: _____ Phone: _____ Work Phone: _____

Address: _____
Street Address City State Zip

❖ Insurance Information:

Is the participant covered by family medical/hospital insurance? () Yes () No
If so, indicate carrier or plan name: _____ Group #: _____

Carrier Address: _____ Phone: _____
Street Address City State Zip

Name of family physician: _____ Phone: _____

Address: _____
Street Address City State Zip

Name of family dentist/orthodontist: _____ Phone: _____

Address: _____
Street Address City State Zip

Photocopy of front and back of health insurance card must be attached to this form.

❖ Consent: These boxes must be complete for attendance.*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. My signature below indicates the previously named camper has permission to engage in all camp activities, on and off camp grounds, to be transported, and to participate in outings and field trips off Covenant Point grounds. I understand that during this travel off of camp grounds my child, named above, will be under the supervision of the group leaders from Covenant Point Bible Camp. I hereby give permission to the camp to provide routine, non-surgical medical care, dispense prescribed medications, and seek emergency medical or surgical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also give permission for my child's photograph to be used in future promotional materials. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staffer: _____ Date: _____

Printed Name: _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer: _____ Date: _____

* If for religious reasons, you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

