

2019 TALLGRASS HEALTH/MEDICAL RELEASE

Camper First Name: _____ Last Name: _____

Mailing Address: _____ Date of Birth: ____/____/____ Male Female
circle one

City: _____ State: _____ Zip: _____

Parent/Guardian: Call 1st _____ Phone: (____) ____ - ____
circle one: Father Mother Guardian Other: _____

Call 2nd _____ Phone: (____) ____ - ____
circle one: Father Mother Guardian Other: _____

Emergency Contact other than above: _____ Relation: _____ Phone: (____) ____ - ____

Does this camper have . . .

. . . allergies (drug, environmental, food)? YES NO Explain: _____

. . . any dietary needs or restrictions? YES NO Explain: _____

. . . emotional or special needs? YES NO Explain: _____

List all medications that will be with you at camp: _____

Dosages: _____ Times: _____

My child has permission to take the following "over the counter" medication (circle all that apply):

Tylenol (Acetaminophen)	Aleve (Naproxen Sodium)	Advil (Ibuprofen)	Benadryl (Diphenhydramine HCl)	Pepto Bismol (Bismuth Subsalicylate)
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Bring all medications (over the counter and prescription medications) in **original labeled containers** to give the nurse at registration.

Please, **ONLY** bring amount needed while at camp.

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Measles: YES NO	Rubella: YES NO	Pneumococcal conjugate: YES NO
Hepatitis B: YES NO	Pertussis: YES NO	
Mumps: YES NO	Chickenpox: YES NO	Tetanus: YES NO
Diphtheria: YES NO	Polio: YES NO	Date of Tetanus Shot ____/____/____

PLEASE READ AND SIGN:

I hereby give my permission for Tallgrass Christian Camp, Inc. personnel to call a doctor or emergency service, and for the doctor, hospital, camp nurse, and/or medical service to provide emergency medical care for my child, _____ (first and last name) should an emergency arise. I understand that camp personnel will make a conscientious effort to contact me in the case of an emergency and before medical action is undertaken. I/we accept the expense of emergency medical and/or surgical treatment (to the extent that it is not covered by insurance provided by the camp).

Parent/Guardian Signature: _____ Date: ____/____/____

PHOTO/IMAGE CONSENT FORM I hereby grant permission for this camper's photograph or image to be published on the public Internet site maintained by Tallgrass Christian Camp, Inc. and in any brochure or other printed publication created and distributed by Tallgrass Christian Camp, Inc.

Camper (please print): _____

Parent/Guardian (please print): _____

Parent's/Guardian's Signature: _____

Relation to Camper: _____ Date: ____ - ____ - ____

Does this camper have current medical insurance coverage? YES NO

Insurance company name: _____

Name of insured: _____

ID:# _____ Group:# _____

Please send copy (front and back) of insurance card with application.