



This form **MUST** be brought to camp on the first day of camp (August 5, 2018) and **MUST** be signed and dated by the camper's parents or guardians. **THANKS!**

**BRING THIS MEDICAL FORM TO CAMP ON AUGUST 6, 2017. THANKS.**

Camper's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  Male  Female  
 Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

*To save time, in case of an emergency, please list your insurance company and policy number, if any.*

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Year of most recent (DTP) Tetanus Booster \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Address: \_\_\_\_\_

**HEALTH ISSUES** (Check all that apply.)

- Diabetes  Epilepsy  Bed Wetting  Fainting  Sleep Walking  Other, please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 Behavior Problems, please specify: \_\_\_\_\_  
 Any other special needs (Dietary, etc...): \_\_\_\_\_

**CAMPER IS ALLERGIC TO:** (Check all categories that apply, and list specifics.)

- Medications: \_\_\_\_\_  
 Foods: \_\_\_\_\_  
 Other (Bees, latex, iodine, etc.): \_\_\_\_\_  
 Allergy Medicine (please provide to nurse): \_\_\_\_\_

**Yes No**

**Permission to Treat Camper**

- I hereby give my permission for the nurse to administer the following prescription medication to my child. List medications camper is on and what taken for: \_\_\_\_\_  
 \_\_\_\_\_

*Note: ALL prescription medication **MUST** be administered by Nurse and kept in ORIGINAL container, labeled with Patient's Name, Description, Dosage, Time Taken, expiration date, and Doctor's name.*

- I hereby give my permission for the nurse to treat minor injuries and illnesses with non-prescription medication (e.g., Tylenol, Ibuprofen), as needed.  
  In case of a medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give my permission to the licensed physician selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.  
*Note: This must be checked "Yes" for your child to attend camp.*

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

*More Medical forms can be found on our website:  
[www.camp-nbc.com](http://www.camp-nbc.com)*

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Camp Notes:

Initial / Date \_\_\_\_\_