



Health History & Parent/Camper Consent

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360

Questions? contact: (570) 629-1902 or summercamp@streamside.org

Camper's name _____ DOB ____/____/____
 Parent/Guardian Name _____ Relation _____
 Address _____ City _____ State _____ Zip _____
 Phone: Home (____) _____ Work (____) _____ Cell (____) _____
 Emergency Contact Name _____
 Relationship _____ Phone (____) _____
 Family Physician _____ Phone (____) _____
 Date of last physical exam ____/____/____ Do you carry family medical/hospital insurance? Yes No
 If so, indicate: Carrier _____ Phone (____) _____
 Policy/Group # _____

THIS FORM MUST BE COMPLETED AND SENT AT LEAST TWO (2) WEEKS PRIOR TO THE ENCAMPMENT TO BE CONSIDERED REGISTERED FOR CAMP.

CONFIDENTIAL: We respect your privacy. This form is intended to provide necessary medical information to care for the well being of your child. It is reviewed by the camp nurse and possibly your child's cabin counselor, if appropriate. In the event of an emergency, it may also be reviewed by medical personnel, camp administration, office staff, and transportation personnel.

<p>ALLERGIES AND CONDITIONS Indicate severity of all that apply</p> <p>Mild: no medication required (ex: rash resolves on its own) Moderate: medication may be required (ex: Benadryl for hives) Severe: life threatening (ex: carries a bee sting kit)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">SPECIFY</th> <th style="text-align: center; font-weight: normal;">MILD</th> <th style="text-align: center; font-weight: normal;">MODERATE</th> <th style="text-align: center; font-weight: normal;">SEVERE</th> <th style="text-align: left; font-weight: normal;">ADDITIONAL COMMENTS:</th> </tr> </thead> <tbody> <tr> <td>Hay Fever</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Ivy Poisoning</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Insect Stings</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Penicillin Medication</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Asthma</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Other</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> </tbody> </table>	SPECIFY	MILD	MODERATE	SEVERE	ADDITIONAL COMMENTS:	Hay Fever	_____	_____	_____		Ivy Poisoning	_____	_____	_____		Insect Stings	_____	_____	_____		Penicillin Medication	_____	_____	_____		Asthma	_____	_____	_____		Other	_____	_____	_____		<p>FOOD ALLERGIES AND DIETARY RESTRICTIONS Streamside will accommodate for food allergies and special diets to the best of our ability if information is received at least two (2) weeks prior to encampment. Please list food restrictions or allergies, the severity of the reaction and any medical interventions necessary (epi-pen, Benadryl, etc.):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">RESTRICTIONS/ALLERGY</th> <th style="text-align: left; font-weight: normal;">REACTION</th> <th style="text-align: left; font-weight: normal;">INTERVENTION</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>ADDITIONAL COMMENTS:</p>	RESTRICTIONS/ALLERGY	REACTION	INTERVENTION	_____	_____	_____	_____	_____	_____
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<p>Tetanus shot - last vaccination date ____/____/____ Operations or serious injuries (dates) _____ Disability, chronic or recurring illness _____ Any specific activities to be encouraged or limited by physician's advice _____</p>																																													

AUTHORIZATION FOR TREATMENT AND CONSENT

IMPORTANT - This release form MUST be signed for attendance

I hereby give permission to the medical personnel selected by the Streamside Camp director to order X-rays, routine tests, and transportation as deemed necessary for me/my minor child. If I am unable to be contacted in an emergency, I hereby give permission to the medical personnel selected by the Streamside Camp director to secure and administer treatment, including hospitalization, for the person named above. This health history is correct to the best of my knowledge, and may be photocopied for trips off camp. The person herein described has permission to engage in all prescribed camp activities except as noted. I understand that there are risks inherent in camp activities and agree to hold BCM International/Streamside Camp and Conference Center, its staff, volunteers, directors and officers blameless in all instances. Should it become necessary for me/my child to return home for medical or disciplinary purposes, I will arrange for transportation at my expense within four (4) hours of the request. I agree to allow BCM International/Streamside Camp and Conference Center and Christian Camp and Conference Association to use audio, video, still pictures and stories of myself and/or my child for promotional purposes. By my signature, I consent to these statements and grant such authorizations.

SIGNATURE of parent/guardian or adult camper _____ Date ____/____/____