

**Camp Dunamis**  
10356 Artesia Blvd. Bellflower, CA 90706

**HEALTH RECORDS**

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (fall): \_\_\_\_\_

Church: \_\_\_\_\_ Youth Pastor/Leader: \_\_\_\_\_

Parent/Guardian Name(s) (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Insurance Policy/ID Numbers: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parent or guardian)

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camper's medical history (check and explain all that apply):**

Heart Trouble  Diabetes

Asthma  Convulsive Disorders

Environmental Allergies  Other \_\_\_\_\_

Explain any marked above: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_ Date of last booster: \_\_\_\_\_

Recent operations or injury: \_\_\_\_\_

Recent illnesses: \_\_\_\_\_

Food/Medication allergies: \_\_\_\_\_

**Camper's medications: Please list ALL medications and dosages sent along to camp.**

\*Please note that over-the-counter medications for common symptoms like headaches, nausea, cold/flu, allergies, etc. need not be sent along, as the camp nurse has all these.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Special Instructions to camp nurse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This camper is in good health & to the best of my knowledge has no communicable disease.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# CONSENT FORM

**Consent:** To attend and participate in Camp Dunamis, to receive medical treatment and release medical information when needed, and to be included in photos/video used for promotional materials only.

I (we) the undersigned parent(s) or guardian of \_\_\_\_\_ a minor, give my (our) consent for him/her to attend **Camp Dunamis** and to participate in it's activities. We give further consent to the camp nurse to render necessary first aid in the event of an accident or nursing care in the event of sickness and to control the administration of prescribed medication brought to the camp by the camper.

In the event of an emergency, we do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the special instruction of any licensed physician, at a licensed hospital, at camp or at the fire station a block away.

It is further understood that this consent is given in advance of a specific diagnosis or treatment, which might be required and is given to authorize Camp Dunamis or the physician to exercise his best judgment as to the requirement of such diagnosis or treatment. It is understood that in case of a major accident or illness, the above treatment will not be withheld if the undersigned cannot be reached.

The consent is effective while traveling to and from and while in attendance of any activity of Camp Dunamis and shall remain in continuous effect until said minor is removed by the parent or guardian from the care of Camp Dunamis.

I hereby authorize any hospital or physician, or other person who has attended or examined said minor to furnish the camp's insurance company or it's representatives' any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment and copies of all hospital or medical records. A photo static or other copy of this authorization shall be considered as effective and valid as the original.

I grant permission for photos and video of my child to be used in camp brochures, on the camp website, and in promotional videos.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

This year Camp Dunamis will be offering an opportunity for a low risk, introductory rock-climbing experience. This will be done under the guidance of trained instructors, with safe equipment, in a fully supervised environment. Do you give permission for your son or daughter to participate in this activity?

\_\_\_\_\_ Yes \_\_\_\_\_ No Parent/Guardian Signature: \_\_\_\_\_

## PLEASE ATTACH A COPY OF INSURANCE CARD TO THIS FORM

Please mail a copy of this completed form to Camp Dunamis c/o Jen Visser 10356 Artesia Blvd., Bellflower, CA 90706 by June 9. A copy of this form and a copy of the insurance card should also be given to the driver of the vehicle in which your child will be traveling to and from camp.

**NO CAMPER WILL BE ADMITTED WITHOUT A COMPLETED FORM, INCLUDING COPY OF THEIR INSURANCE CARD!**