

MEDICAL FORM FOR ALL CAMPERS & LEADERS

Church Group: _____

Date Attending: _____

PART ONE

Camper Name: _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth: ____/____/____ Gender: _____

Emergency Contact (parent or guardian)

Name _____

Home Ph# () _____ Cell # () _____

If address differs from above, please disclose

Address _____

City _____

State _____ Zip _____

List any known allergies, medical problems, or physical limitations _____

Ins. Subscriber's Name: _____

Subscriber's Date of Birth: ____/____/____

ID #: _____

Name of Ins.: _____

Ins. Phone #: _____

If possible, please attach a copy of the ins. card

PART TWO

Medical Release Statement

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician or hospital selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. I also give my permission for the medications as listed on this page.

Photo Release Statement

In registering my child for camp I agree to Monadnock Bible Conference Center using my child's name or image for promotional materials unless otherwise stated.

THOSE UNDER 18 MUST BE SIGNED BY PARENT OR GUARDIAN.

THOSE 18 AND OVER MUST SIGN FOR THEMSELVES.

SIGNATURE REQUIRED (IN INK)

DATE: _____

PART THREE

Recommendations & Restrictions

In compliance with our camp physicians standing orders, we require a parents directive for medications. The following is a list of medications suggested by our physicians which we stock in our infirmary.

Please cross off any medications you do not want to be given to your child and then sign the statement at the bottom left. You may substitute a medication if you send it with your child and write the medication in the space below.

- Pain Relief: Tylenol, Ibuprofen
- Cold Symptoms: Dimetapp, Sudafed, Robitussin, Robitussin DM
- Conjunctivitis: Polyttrim or Sodium Sulamyd 10%
- Upset Stomach: Antacids
- Head Lice: Nix Shampoo
- Contact Dermatitis (ex. Poison Ivy): Calamine lotion, Cortaid, Rhuli spray
- Fungal Infections: Tinactin
- Allergic Reaction: Benadryl elixir or capsules

Over the counter medications I will be sending with my child: _____

PART FOUR

Required Only for Prescription Medications

Campers with prescription medications must have a written order from their family physician before the camp nurse may dispense. The label on a prescription bottle can not be used in lieu of a doctor's note. All medications must be sent in original prescription bottles

Name of Medication: _____

Dosage: _____

Condition Requiring Medication: _____

Times Normally Taken: _____

Name of Medication: _____

Dosage: _____

Condition Requiring Medication: _____

Times Normally Taken: _____

Name of Medication: _____

Dosage: _____

Condition Requiring Medication: _____

Times Normally Taken: _____

Physician's Signature: _____

Required Only for Prescription Medications for those 18 and Under.

Monadnock Bible Conference Center

PO Box 70 | Jaffrey, NH | 03452
phone: 603-532-8321 fax: 603-532-4277

ENCOUNTER 2010 // PREPARATION NOTES

BEFORE YOU COME

financial notes

- ❖ Total cost per person is \$115. Your original registration fee amount applies toward your balance. Two (2) leaders come for free in the month of January.
- ❖ Final numbers and the remainder of your \$60 deposit per person is due at the 4 week date (see contract for your actual date)
- ❖ You are financially responsible for the numbers you provide at your four week date. If we do not receive both the \$60 per person registration fee and actual numbers by this date, you will be financially responsible for your initial numbers.
- ❖ You must call to change the number of males and females. For example, if you hold 10 female spots and 10 male spots and then realize you have 8 females and 12 males, we cannot put those extra males in the girl's dorms and vice versa.

leader s notes

- ❖ The ratio of campers to leaders is 7:1 per gender.
- ❖ Students in grades 6-8 are allowed to attend our Middle School Retreats.
- ❖ Students grades 6-12 are allowed to attend our Teen Retreats.

medical forms

- ❖ Medical forms are required for every student and leader.
- ❖ In addition to the enclosed copies, forms are also available through monadnockbible.org.
- ❖ Distribute and collect these forms before you arrive ensuring that each form has the proper signatures.
- ❖ Medical forms will be collected at registration and reviewed by our nurse.

what to bring

- ❖ Bedding: sleeping bags or sheets, pillowcases (pillows are provided and a limited supply of blankets are available upon request.)
- ❖ Hygiene: towels, face cloth, hygiene items
- ❖ Attire: winter sports clothes, modest one-piece swim suits, extra socks, warm foot gear, etc.
- ❖ Personal items: Bible, camera, ice skates, etc.

what not to bring

- ❖ Technology items: radios, iPod or MP3 players, 2-way radios, CD players, TVs, personal gaming devices, computers
- ❖ Attire: Immodest clothing, attire with offensive language/symbols
- ❖ Other: weapons of any kind, cigarettes, drugs or alcohol, ski-snow boards, sleds