

Camper's Health Record

Please use an **ink pen** and fill out this page completely. PLEASE include the insurance information requested
Please fill in ALL information so you will not have to be called about an incomplete application.

NAME _____ DATE OF BIRTH _____

PARENT'S NAME _____ PHONE _____

COMPLETE ADDRESS _____
STREET ADDRESS CITY STATE ZIP

PHYSICIAN TO CONTACT _____ PHONE NO. _____

HEALTH HISTORY (Please check any that apply)

Frequent colds Constipation Broken Bones Diabetes Whooping Cough
 Frequent sore throat Kidney trouble Bed wetting Sinusitis Heart trouble
 Chicken Pox Abscessed ears Convulsions Polio Bronchitis
 Athletes feet Mumps Fainting spells Sleep walking Rheumatic fever
 Upset stomach Nervousness Tuberculosis Serious Ivy, oak or sumac poisoning
 Any recent operations, injuries, illnesses, or other health concerns? If so what? _____
 Allergic reactions: Bee stings Penicillin Other allergies? _____

Are there any activities this child should not participate in because of health? _____

**MUST give the NAME, ADDRESS, AND POLICY NUMBER of your health insurance provider:
Attach photo copy of insurance cards (both sides please)**

**In Case of Emergency - Please Note: This form MUST be notarized.—
Print and bring to camp registration along with photo copy of your insurance cards.**

NON-PRESCRIPTION MEDICATION: I hereby give my permission to the staff of Maury Christian Camp to dispense the following forms of non-prescription medication or the equivalent to my child. Check and add any item you believe might be needed during the course of the camp session.

_____ Non-aspirin-type pain reliever _____ Benadryl-type Other: _____

_____ Aspirin-type pain reliever _____ Antacid-type Other: _____

I hereby give permission to the camp director or one temporarily in that capacity, staff member, or camp nurse to release the above information to a doctor chosen by officials of the camp, when the opinion of the camp director or camp nurse deems it appropriate for the health and benefit of the camper. When a doctor is contacted by camp officials for treatment of any illness or injury of my camper, I give said doctor my permission and full authority to proceed with any anesthesia or surgery deemed necessary without further permission if I am not reasonably available or cannot be located, or in any emergency situation which in the doctor's professional opinion warrants immediate action, I give him permission and authority to proceed immediately without attempts to contact me.

I further agree that I will not hold Maury Christian Camp, Short Mountain Encampment Assn., its Directors, Camp Director, camp nurse or any member of its staff, responsible or liable for any action as directed above, or for any accident, injury, or illness which may occur to my child while attending Maury Christian Camp at Short Mountain Bible Camp unless the same occurs as a result of the gross negligence or willful misconduct of any representative, employee, or staff member of Maury Christian Camp or Short Mountain Bible Camp.

Signature of Parent or Guardian

State of Tennessee, County of Maury — Personally appeared before me, the undersigned Notary Public of said state and county _____ with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the above instrument for the purposes therein contained and expressed. WITNESS my hand and seal this _____ day of _____, 2025.

My commission expires _____ Notary Public