

Medical Information

Physician Phone

Dentist Phone

Insurance Carrier Policy/Group No.

Please check and date any History of the following

_____ Frequent Ear Infections	_____ Diabetes
_____ Heart Defect/Disease	_____ Chicken Pox
_____ Convulsions/Seizures	_____ Asthma
_____ Measles/Mumps	_____ Eating Disorders
_____ Mononucleosis	_____ High Blood Pressure
_____ Bleeding/Clotting Disorders	_____ Psychiatric Treatment
_____ Atten. Deficit Disorder	

Allergies

Hay Fever

Insect Stings

Plants (Specify) _____

Drugs (Specify) _____

Foods (Specify) _____

Other Allergies _____

Has this camper ever required hospitalization?
Explain _____

Operations or serious injuries?
Explain _____

Disability or chronic or recurring illness?
Explain _____

Activities limited by a physician?
Explain _____

Current medications and instructions _____

Camper at Camp Bethel before? Y N

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EMERGENCY TREATMENT AUTHORIZATION/PERMISSION FORM

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above. I understand that I am responsible for primary insurance coverage. I give permission for my child to participate in all camp supervised activities. **I give permission for photographs taken of my child during camp to be used for publications, display or web pages including our website and Facebook page.**

Signature of Parent or Guardian Date

PACKING LIST...

- ◆ Bible, paper, pen or pencil
- ◆ Sleeping bag and pillow
- ◆ Towels & wash cloths
- ◆ Casual clothes (jeans, t-shirts, sweatshirts, jacket, etc.)
- ◆ 2 pairs outdoor shoes
- ◆ Personal water bottle
- ◆ Raincoat or Poncho
- ◆ Insect repellent
- ◆ Swimsuit (modest one piece)
- ◆ Toiletries (soap, deodorant, toothpaste, toothbrush...)
- ◆ Dress clothes (one set of Sunday best for banquet)
- ◆ Spending money (for Corner Store to be turned in upon arrival)
- ◆ Prescription drugs in original containers (to be turned in upon arrival)
- ◆ Flashlight (optional)
- ◆ Fishing pole (optional)
- ◆ Camera (optional)

Please Do NOT Bring:

Pets, Cell phones, alcoholic beverages, illegal drugs, any form of tobacco, fireworks, firearms, secular tapes or C.D.'s, secular reading material.

Check in Time:

2:00 pm on the first day of your camp.

Pick up Time:

10:00 am Saturday All-Camp Assembly, depart after.

Please Send this Form and
Registration fee to:
Camp Bethel
PO Box 70

Email:

campbethel@wbaccess.net

Website:

mountaintopexperience.org