

## 2022 CAMP BALDWIN MAIL IN REGISTRATION and MEDICAL FORM

CAMPER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone # \_\_\_\_\_  
Street or PO Box      City                      State                      Zip

(Male)\_\_\_ (Female) \_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

PARENT OR GUARDIAN'S NAME (print) \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY (print) \_\_\_\_\_ Phone \_\_\_\_\_

I give my child permission to attend the Tanana Valley Baptist Association's Camp Baldwin at Delta Junction, AK. I will assume obligation for the necessary expenses not covered by the camp medical insurance policy on my child. I give permission to the physician selected by the camp staff and/or nurse to hospitalize, secure proper treatment, to order injections and anesthesia, or emergency surgery for my child in the event I cannot be contacted. I do not object to the use of photographs of my child for the TVBA website, media outlet or newsletter.

PARENT OR GUARDIAN'S Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
 YOUR CHURCH NAME \_\_\_\_\_ Week Attending \_\_\_\_\_  
 \*\*\*\*\*

Should illness or accident occur during camp, this information can help in getting immediate treatment for your child

**MARK WHAT APPLIES TO YOU NOW OR YOUR MEDICAL HISTORY**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> asthma                         | <input type="checkbox"/> frequent colds                       | <input type="checkbox"/> stomach upsets        | <b>allergies:</b> please specify<br>--medicines _____<br>_____<br>--environmental<br>(ex. insect stings)<br>_____<br>_____<br>--food, indicate if severe<br>and <b>special dietary</b><br><b>needs</b> _____<br>_____ |
| <input type="checkbox"/> bronchitis                     | <input type="checkbox"/> earaches                             | <input type="checkbox"/> diagnosed hyperactive |   |
| <input type="checkbox"/> sinus trouble                  | <input type="checkbox"/> sleep walking                        | <input type="checkbox"/> diabetes              |   |
| <input type="checkbox"/> convulsions with<br>high fever | <input type="checkbox"/> bowel or bladder<br>control problems | <input type="checkbox"/> tuberculosis          |   |
| <input type="checkbox"/> frequent sore<br>throats       | <input type="checkbox"/> heart problems                       | <input type="checkbox"/> chicken pox           |   |
|   | <input type="checkbox"/> seizures or fainting                 | <input type="checkbox"/> headaches             |   |
|   |   | <input type="checkbox"/> wears glasses         |   |

Additional comments:

\*\* Our camp menu is set. Please send the necessary food for special needs.

IS CAMPER ON MEDICATION? \_\_\_\_\_ GIVE THE **NAME** OF THE MEDICATION, **DOSAGE**, & **TIME TO BE GIVEN**

**\*\*ANY MEDICATION SENT WITH THE CAMPER MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE OR IT CANNOT BE GIVEN.\*\***

If necessary, can your child be given: Tylenol,\_\_\_ Benadryl,\_\_\_ Antacids,\_\_\_ Cortisone Cream\_\_\_  
 Anti-diarrhea medications\_\_\_ Loratadine (non—drowsy antihistamine)\_\_\_\_\_ Ibuprofen(Advil)\_\_\_\_\_

DESCRIBE ANY SPECIAL PROBLEMS AND HOW TO DEAL WITH THEM \_\_\_\_\_

ARE THE CAMPER'S IMMUNIZATIONS UP TO DATE?    \_\_\_ YES                      \_\_\_ NO

WILL CAMPER BE RIDING THE VAN TO CAMP?    \_\_\_ YES                      \_\_\_ NO

DOES CAMPER USE AN INHALER? \_\_\_ YES    \_\_\_ NO , If yes, does he/she carry it around for emergencies? \_\_\_ YES    \_\_\_ NO