

# BELLIS MUSIC CAMP

## HEALTH AND EMERGENCY FORM

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Name of another person to be called in an emergency if persons above cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Physician to be called in an emergency \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

If Physician is unavailable, what action should be taken? \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

I do ( ) do not ( ) give permission for this camper to be given Tylenol for headache.

I do ( ) do not ( ) give permission for this camper to be given Motrin/ibuprofen for headache.

I do ( ) do not ( ) give permission for this camper to be given antihistamine for congestion.

I do ( ) do not ( ) give permission for this camper to be given decongestant for cold.

I hereby give my consent to the Camp Director, Nurse, and Angeles Crest Christian Camp Staff or their authorized representatives, to call a physician for medical or surgical care for this camper should an emergency arise where such service is indicated. It is understood that a conscientious effort must and will be made to notify me or my spouse before such action is taken, but if it is impossible or unsafe due to the urgency of the situation to locate me or my spouse, the expense of the situation will be accepted by me.

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

Parent or Legal Guardian

Please note:

1. ALL MEDICATION, including aspirin, cough syrup, etc. MUST be deposited with the nurse.
2. If the parent or legal guardian does NOT give permission for hospital and/or medical and/or surgical care, very detailed and complete instructions MUST be attached.
3. WE MUST BE ABLE TO CONTACT YOU WHEREVER YOU GO.

*Bellis Music Camp, P.O. Box 1194, Sierra Madre, CA 91025*