

# Grace Bible Camp – Emergency Medical Information

**Camper Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

(First, Middle Initial, Last)

**Permanent Address** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Daily Medications:**

Time Given	Medication	Dose	Why

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**If the need should arise, camper may be given:**

- |  |            |           |
|--|------------|-----------|
| Tylenol  | <b>YES</b> | <b>NO</b> |
| Ibuprofen  | <b>YES</b> | <b>NO</b> |
| Tums or Pepto-Bismol                                       | <b>YES</b> | <b>NO</b> |
| Benadryl, Hydrocortisone cream or other anti-itch medicine | <b>YES</b> | <b>NO</b> |

**If any emergency should arise and you require medical treatment or to be taken to the hospital for treatment, your signature below gives permission for treatment. \*Parent or Guardian if under 18.**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_