

**RODEO BIBLE CAMPS OF AMERICA  
FLAT TOPS RODEO BIBLE CAMP**

**HEALTH FORM**

**Note to Parents:** Every precaution will be taken to ensure that your child's stay with us is a fun and safe experience. Occasionally, people do get hurt. We **REQUIRE THAT YOU HAVE INDIVIDUAL ACCIDENTAL INSURANCE COVERAGE** for your child. In case of sickness or accident, fill out the following Health Form completely and accurately, as a precaution for your health care professionals.

**CAMPER' NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_/\_\_/\_\_ **AGE**\_\_

**Mother:** \_\_\_\_\_ **Home#( )**\_\_-\_\_ **Work#( )**\_\_-\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**Father:** \_\_\_\_\_ **Home#( )**\_\_-\_\_ **Work#( )**\_\_-\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**Mother's Cell #( )**\_\_-\_\_ **Father's Cell #( )**\_\_-\_\_

**Emergency Numbers:**

1) ( )\_\_-\_\_ **Relationship**                      2) ( )\_\_-\_\_ **Relationship**

3) ( )\_\_-\_\_ **Relationship**                      4) ( )\_\_-\_\_ **Relationship**

**Family Physician's Name:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Group or Policy Number:** \_\_\_\_\_

**THIS HEALTH RELEASE FORM MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN AND BE PRESENTED AT THE TIME CAMP REGISTRATION. THIS HEALTH HISTORY FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN CASE I CANNOT BE REACHED, I HEREBY GIVE MY CONSENT FOR THE FLAT TOPS RODEO BIBLE CAMP TO PROVIDE FOR EMERGENCY CARE AND TO OBTAIN EMERGENCY MEDICAL PERSONNEL AND SERVICES AS NEEDED.**

**CAMPER'S NAME:** \_\_\_\_\_ **S.S. #** \_\_/\_\_/\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD\*\***

**CAMPER'S MEDICAL HISTORY**

**MEDICAL CONDITIONS (USE ADDITIONAL PAGES IF NECESSARY):**

**Does your child have any of the following? Include an Explanation.**

**Chronic Conditions:** \_\_\_\_\_

\_\_\_\_\_

**Heart Condition:** \_\_\_\_\_

\_\_\_\_\_

**Asthma:** \_\_\_\_\_

**Diabetes:** \_\_\_\_\_

**Others (be specific):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has your child ever been hospitalized for any medical conditions (surgeries, seizure, or knocked unconscious etc.?)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any allergies:**

**Foods:** \_\_\_\_\_

**Bites or Stings:** \_\_\_\_\_

**Hay Fever:** \_\_\_\_\_

**Others:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any and all medications currently being taken:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications used only "on an as needed basis", such as inhalers, hay fever, including any other over the counter or herbal medications, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child's Height:** \_\_\_\_\_ **Child's Weight:** \_\_\_\_\_ **Contacts:** \_\_Yes \_\_No

