

Medical Information

Physician's Name: _____

Physician's Ph # _____

Insurance Carrier: _____

Policy/Group #: _____

Please list any medical history, medical conditions or medical information we need to know about your child (add additional sheet if needed):

Allergies

_____ Insect Stings (Specify) _____

_____ 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 _____

Note: Please attach additional page(s) for detail information and instructions, if needed.

FOOD ALLERGY WARNING:

Camp Bethel's food is prepared in a common kitchen with the risk of cross-contamination. Therefore, we recommend that campers with food allergies exercise judgment in consuming foods prepared at Camp Bethel. Campers with sensitivity to cross-contaminated food and/or celiac disease will need to bring their own prepared, sealed and labeled food for the duration of their stay at Camp Bethel. Thank you for assisting us with this arrangement.

NOTE:

Camp Bethel uses colored wrist bands to help identify individuals with food allergies and/or special medical needs.

If you have any questions, please contact the camp Executive Director, Tim Huff.

PERMISSION & UNDERSTANDING

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, including activities away from camp (including but not limited to, hiking, tubing, outdoor games, archery, shooting, and possible activities up on the mountain).

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 and all cost associated with such treatment/hospitalization.

Furthermore, I understand that this is a Christ center camp that follows Biblical teachings found in the Bible. Our statement of faith can be found at: www.mountaintopexperience.org/history.

Signature of Parent or Guardian

Date

Check in Time: 3:00 pm on the first day of your camp.

Pick up Time: 2:00 pm on the last day of camp

Camp Executive Director:

Tim Huff: campbethelinc@gmail.com
Phone: (307) 655-7021 (Email works best)

Camp Registrar:

campbethelregistrar@gmail.com

Please mail this Form and Registration Fee to:

Camp Bethel Registrar
1710 US HWY 14 E
Shell, WY 82441