

FORT BLUFF CAMP CAMPER/COUNSELOR HEALTH FORM

All Attendees Must Have A Completed, Signed, And **NOTARIZED** Health Form

370 Fort Bluff Camp Road; Dayton, TN 37321

Office 423-775-0488 ~ Fax 423-775-1968

FULL NAME _____	CHURCH _____	
PARENTS/GUARDIAN(S) IF UNDER 21 _____		
HOME ADDRESS (CITY, STATE, ZIP) _____		
EMAIL ADDRESS _____		
PHONE w/area code) HOME _____	CELL _____	EMERGENCY _____
BIRTH DATE, IF UNDER 21 _____	MALE _____	FEMALE _____

CIRCLE YES OR NO (give details if necessary)

Allergic to any Medicine(s) YES NO

Asthma YES NO

Diabetic YES NO

Allergies (be specific and list) YES NO

Convulsive Disorder YES NO

Tetanus Shot Current YES NO

List any other medical problem we need to know about:

Doctor-prescribed medications you/your child will take while at tournament (list medications and dosage):

*Please be sure you/your child will have enough medication to last while at NACA/Fort Bluff Camp.
All medication is to be checked by the camp nurse upon arrival.*

Special diet as prescribed by a doctor? Yes No If yes, specify:

List any exercise you/your child should not do:

Are you/Is your child covered by insurance? Yes No (GIVE DETAILS...VERY IMPORTANT)	
Name of Insurance Company _____	
Employee Name _____	<i>A copy of the front and back of the insurance card must be included with this form.</i>
Group Number _____	
Policy Number _____	
Activity Agreement: I/We allow my/our child to participate in sport's related activities and competitions, including (check all that apply) ___ paintball ___ the blob ___ water slide ___ pool ___ iceberg ___ other sports. I/my child is of sound mind, body, and health and is physically able to participate in the above-mentioned functions.	

I/We agree to hold the National Association of Christian Athletes (NACA), Fort Bluff Camp and its agents harmless of any liability resulting from injuries or loss of property sustained by me/our child during any tournament function. I/We give consent for me/our child to receive medical treatment by a registered nurse or licensed physician when deemed necessary by the Tournament/Camp Director.

NOTARY SEAL & SIGNATURE

Signatures (**All three required if individual is under 21**)
(all signatures must be notarized)

CAMPER, if Minor _____
plus _____

FATHER/GUARDIAN, if Minor _____
plus _____

MOTHER/GUARDIAN, if Minor _____
or _____

CAMPER, if Adult _____

My Commission Expires _____

DATE _____

Once this form has been completed, signed, and notarized, make a copy. The original will be given to Fort Bluff Camp; the copy will be given to the group leader.

Everyone must have a completed, signed, and notarized Health Form – Campers and Adults