

FORT BLUFF CAMP RETREAT HEALTH FORM

****This form is only necessary if your group does not have a Blanket Certificate of Insurance****
EVERYONE (Campers and Adults) must have a completed, signed, **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 _____
PHONE NUMBER (include AREA CODE) HOME _____ EMERGENCY _____
BIRTH DATE, IF UNDER 21 _____ MALE _____ FEMALE _____
TODAY'S DATE _____

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 Fort Bluff Camp(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 _____

S.S. Number _____

Group Number _____

Policy Number _____

A copy of the front and back of the insurance card must be included with this form.

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 ___ 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) 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 Complete And Sign A Notarized Health Form ~ Campers And Adults