

# Blackhawk Baptist Camp

4491 W. Henry Rd., Oregon, IL 61061

815-496-0732

Medical Information, Waiver of Liability, Indemnification and Medical Release Form

All camp participants must fill out this form – ONE FORM PER PERSON

Name:		Gender:	Age:	Birth Date:
Address:			Grade Completed:	
City:		State:	Zip:	
Emergency Phone:		Work:	Cell:	
Email address:				
Dates/Camp Attending:			Fee*:	
Roommate (may not be able to honor):				

## PARTICIPANT MEDICAL INFORMATION -- Medical History

	NO	YES	Explain Yes:
Swimmer's ear			
Severe sunburn			
Convulsion/Seizure			
Fainting spells			
Asthma/Hay Fever			
Allergies:			
Medications			
Plants ( e.g. poison ivy)			
Insects			
Food (e.g. peanuts)			
Other			

**List any medications recently taken or to be dispensed at camp with instructions:**


Tetanus immunization?	NO	YES	Date:
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**Are there significant injuries, illnesses, hospitalizations, surgeries, or behavioral issues we should be aware of?**

## MEDICAL INSURANCE INFORMATION

Insurance Co:	
Address:	
Name of Insured:	
Policy #:	Phone # for Prior Authorization:
Personal Physician:	Phone #:
Physicians Address:	

