



Bridgeport Camp & Conference Center

a Ministry of the

North Texas Conference of The United Methodist Church

HEALTH FORM

2010 Summer Camps

Camper's First Name: _____ Last Name: _____

Circle Camp Code & Week:

C1: July 17-21

JH1: June 21-26

SH1: June 14-19

C2: July 22-26

JH2: June 28-July 3

SH2: July 5-10

C3: July 27-31

JH-IMP: July 12-16

SH-IMP: July 12-16

C4: August 9-13

CM: June 9-13

YL: June 8-12

Complete all four pages of this document.

Return **ASAP** to: Camp Forms
 Bridgeport Camp
 P.O. Box 215
 Bridgeport, TX 76426

**YOUR CAMPER WILL NOT BE PERMITTED TO ATTEND CAMP
UNLESS WE HAVE RECEIVED THIS FORM.**

**THIS FORM IS DUE NO LESS THAN 14 DAYS
PRIOR TO YOUR EVENT**

A copy of camper's Immunization Record must be included.

Contact & Emergency Information

Camper Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ / _____ / _____ Grade Just Completing: _____

Address: _____ City: _____ State: _____ Zip: _____

Names of Parents / Guardians:

His Name: _____ Her Name: _____ Home Phone: _____

His Work Phone: _____ Her Work Phone: _____

His Cell: _____ Her Cell: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician Name: _____ Office Phone: _____

Dentist Name: _____ Office Phone: _____

Orthodontist Name: _____ Office Phone: _____

Medical Release

I, _____, of the county of _____, State of Texas, natural parent (or legal guardian) of _____, my minor child, do by these presents, make, constitute and appoint the **CAMP DIRECTOR** his/her agent as my true and lawful attorney in fact to act for me and in my name, place and stead; and to do any, every and all acts and exercise any, every and all powers that I might or could do in giving consent to emergency medical treatment for my minor child that he shall deem proper or advisable to do or exercise on my behalf.

This Power of Attorney and appointment of the **CAMP DIRECTOR** as my attorney-in-fact for the limited purpose of consenting to emergency medical treatment for the above-named minor child shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

Signature: _____

Note! The above POWER OF ATTORNEY are valid only for the date of event said camper will be attending. DATE refers to the official date listed in Bridgeport Camp material of the North Texas Conference United Methodist Church.

NOTARIZATION

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public, State Of Texas

Medical Information

Attach a copy of Immunization Record to Camp Form.

This form *does not* require a physician's examination and signature.

ALLERGIES – List all known:

Medication Allergies: _____ Reaction & Treatment: _____

Food Allergies: _____ Reaction & Treatment: _____

Other Allergies: _____ Reaction & Treatment: _____
(include plant, animal, etc.) _____

MEDICATION – Please list all prescription medication, over-the-counter, and non-prescription drugs taken regularly. Fill in all blanks completely. Bring enough to last all week. **All drugs must remain in their original containers.**

- This Camper does NOT take any medications on a regular basis.
- This camper takes routine medication as follows:

Medication 1: _____
Reason: _____
Dose taken: _____
When taken each day: _____

Medication 3: _____
Reason: _____
Dose taken: _____
When taken each day: _____

Medication 1: _____
Reason: _____
Dose taken: _____
When taken each day: _____

Medication 3: _____
Reason: _____
Dose taken: _____
When taken each day: _____

CHRONIC CONCERNS – Check all that apply to your camper and provide any information for care.

- This Camper has NO long-term health concerns and is capable of full participation at camp.
- This camper has the following health concern(s):

___ Asthma (even if inhaler is only used occasionally): _____
___ Frequent ear infections: _____
___ Migraine headaches: _____
___ Enuresis (bed-wetting): _____
___ Depression, ADD, ADHD, Oppositional Behavior Disorder: _____
___ Anorexia, Bulimia (eating disorders): _____
___ Diabetes: _____
___ Any other chronic illness? _____

INSURANCE INFORMATION

Is the camper covered by a family medical/hospital insurance? Yes No
Insurance Carrier/Plan Name: _____ Group #: _____
Policy #: _____ Name of Policy Holder: _____

Release & Covenant Agreement

Dear Parents/Guardians,

We at Bridgeport Camp & Conference Center (BCCC) want to inform you of our safety precautions at camp. We feel that we have hired and recruited competent and knowledgeable staff. Your camper will be required to wear safety equipment if at waterfront events, on the ropes challenge course, or involved in any other activity requiring protective gear.

Even with safety equipment, we at BCCC want you to realize that any outdoor camping and recreational activity has inherent dangers that no amount of care, caution, instruction, or expertise can eliminate.

- In the signing of this document, I hereby certify that I give permission to my son or daughter to participate in the camping program of the North Texas Conference – United Methodist Church.
- I understand that pictures and videos are taken at camp. I hereby give permission for the use of such pictures and videos of my camper for the promotion of camp.
- I understand that if the BCCC staff deems my child’s behavior is inappropriate for the camp environment he/she may be sent home. No refund will be issued. (Examples of inappropriate behavior include but are not limited to: drugs, violence, alcohol, bullying, weapons...).
- I will be held financially responsible for any damages to facilities caused by my camper and will pay for repairs.
- I hereby affirm that I have been advised of and understand the risks of camping and recreational activities at BCCC and that such activities involve certain risks.
- I understand that the terms herein are contractual and not a mere recital.
- I have signed this document as my own free act and in consideration of the agreement by BCCC to accept my camper for participation in a 2010 camp session.
- IT IS MY INTENTION BY EXECUTION OF THIS DOCUMENT TO COVENANT NOT TO SUE BRIDGEPORT CAMP & CONFERENCE CENTER, AND TO RELEASE BCCC, THE STAFF, THE BOARD OF DIRECTORS, THE NORTH TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH, AND ALL OTHERS ACTING FOR OR ON BEHALF OF BRIDGEPORT CAMP FROM ALL LIABILITY WHATSOEVER, FOR PERSONAL INJURY, OR INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF CAMPING AND OTHER ACTIVITIES SPONSORED BY BCCC.

Camper Name: _____
Print

Parent/Guardian Name: _____
Print

Parent/Guardian: _____ *Signature* _____ *Date*