



Rural Bible Crusade of Wisconsin Camper Registration/Health Form

Name _____ Date of Birth: _____ Age: _____ Male Female

Address _____ City _____ State _____ Zip _____

Custodial Parent(s)/Guardian _____

Home phone _____ Cell phone _____ Work phone _____

Non-Custodial Parent Emergency Contact _____

Relationship to camper _____

Home phone _____ Cell phone _____ Work phone _____

Insurance Information

Insurance Company _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Policy Holder Name _____ Date of Birth _____

Relationship to camper _____

Policy Number _____ Group Number _____

Health History

Immunizations up to date? Yes No We don't immunize

Last tetanus booster _____

Any medication allergies? No Yes _____

Any food allergies? No Yes _____

Any special dietary needs? No Yes _____

Does the camper have any of the following: (Check all that apply)

- asthma / breathing disorder
- ear infections
- diabetes
- seizures/epilepsy
- history of major head trauma
- heart problems
- emotional disorder
- bedwetting
- sleep walking/night terrors
- contacts/glasses
- oral appliance
- homesickness
- physical limitations/restrictions
- other (including treatments to be administered while at camp)

Explain any checked _____

Medications

Will the camper be bringing any prescription medications to camp? No Yes _____

Will the camper be bringing over the counter medications to camp? No Yes _____

Will the camper be bringing an inhaler to camp? Yes No Maybe

Will the camper be bringing an epi-pen to camp? Yes No Maybe

Wisconsin law requires that in order for our health care staff to administer **prescription medication** to a camper, the bottle **MUST** be labeled with the camper's name, name of medication, dosage, frequency and route of administration, name of prescribing physician, date prescribed, possible side effects and precautions. For **over the counter medication**, the medication must be in its original container and clearly labeled with the camper's name, the dosage, frequency of administration. **BY LAW, MEDICATION MUST BE CORRECTLY LABELED AND IN ITS ORIGINAL CONTAINER.**
We cannot dispense medication (loose pills) brought to camp in plastic bags or daily dispensers.

(TURN OVER)

RURAL BIBLE CRUSADE OF WISCONSIN
ACKNOWLEDGEMENT & ASSUMPTION OF RISK WAIVER AND RELEASE

UPON CAREFUL READING AND CONSIDERATION I, _____ (PARENT/GUARDIAN)
OF _____(CHILD/CHILDREN, RECOGNIZES THAT SOME
ACTIVITIES CARRY THE RISK OF INJURY.

You hereby attest as follows:

By signature below, I acknowledge that my child/children will participate in Rural Bible Crusade of Wisconsin activities, programs, and related events. I understand that participation in these activities, programs, and related events is not without risk. I will release, hold harmless, and indemnify Rural Bible Crusade of Wisconsin, its board, staff, and/or volunteers for any harm, injury, or death caused by my child's participation with RBC. I understand that no activity program is absolutely safe and free of risk. Rural Bible Crusade of Wisconsin reserves the right to use any pictures taken of my child/children at Camp/Retreats to promote the ministry.

If my child needs medical attention while participating, it is my wish that the treatment be begun while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the Rural Bible Crusade of Wisconsin staff and/or physician believes needed, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all cost related to such treatment.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound to its terms.

Parent/Guardian Signature

DATE

Please Mail to:

Rural Bible Crusade
P.O. Box 635
Marshfield, WI 54449

“The earth is the Lord's and the fullness thereof,
the world and those who dwell therein, for He has
founded it upon the seas and established it upon
the rivers.”

Psalm 24:1-2