

FORT BLUFF CAMP HEALTH FORM

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 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 _____

S.S. Number _____

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 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 photo-stat copy. The original will be given to Fort Bluff Camp; the copy will be given to the group leader. There is a 25¢ charge for each copy made by Fort Bluff Camp.

Everyone Must Complete And Sign A Notarized Health Form ~ Campers And Adults