

# FORT BLUFF CAMP

370 Fort Bluff Camp Road | Dayton, TN 37321 | Office 423.775.0488 | Fax 423.775.1968

## HEALTH FORM

**EVERYONE** (Students, Sponsors, and Onsite Lodging Guests) **must complete a Health Form**

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

HOME ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBERS (INCLUDE AREA CODE)

HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_ EMERGENCY \_\_\_\_\_

BIRTH DATE, IF UNDER 21 \_\_\_\_\_ PARENT(S)/GUARDIAN(S), IF UNDER 21 \_\_\_\_\_

PLEASE 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

Any other medical problem we need to know about? Please list:

Doctor-prescribed medications you/your child will take while at camp (list medications and dosage):

Make sure you/your child will have enough medication to last while at FBC. All medication to be checked by camp nurse upon arrival.

Special diet as prescribed by a doctor? YES NO If yes, specify:

Any exercise you/your child should not do? YES NO If yes, list:

Are you/Is child covered by insurance? YES NO (GIVE DETAILS. . **VERY IMPORTANT**)

Insurance Company \_\_\_\_\_

Employee Name \_\_\_\_\_

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 \_\_\_ iceberg \_\_\_ 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 Fort Bluff Camp/NACA and its agents harmless of any liability resulting from injuries or loss of property sustained by me/our child during any camp/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 Camp Director.

Signatures **(ALL THREE REQUIRED IF INDIVIDUAL IS UNDER 21)**

MINOR \_\_\_\_\_ DATE \_\_\_\_\_

FATHER/GUARDIAN OF MINOR \_\_\_\_\_ DATE \_\_\_\_\_

MOTHER/GUARDIAN OF MINOR \_\_\_\_\_ DATE \_\_\_\_\_

<OR> ADULT (21 or older) \_\_\_\_\_ DATE \_\_\_\_\_

Once this form has been completed and signed, please make a copy. The original will be given to FBC; the copy will be given to the sponsor.

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The above-mentioned student is physically fit and mentally prepared to participate in the camp activities.

SPONSOR \_\_\_\_\_

SPONSOR CELL NUMBER \_\_\_\_\_