

MEDICAL FORM 2010

↓ CIRCLE SESSION CAMPER IS ATTENDING ↓

**Advanced
Horsemanship**

Adventurers

Boundary Waters

Discoverers

H.S. Mission Team

Outdoorsmen

Roughriders

Superteen Week

Triple W-1

Youngteen Week

**Superteen
Extended**

Triple W-2

**Youngteen
Extended**

Wisconsin State Law requires us to have a health history on each camper. Complete the following medical information and either bring it to camp on the day of camper check-in or return by mail at least 2 weeks prior to camper's session. **This form must be completed and signed by a parent or legal guardian.**

Personal Information [] F [] M Age: _____ Date of birth: ____/____/____

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City, State and Zip: _____

Home Phone: _____ Business Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Parent/Guardian Cell Phone: _____ Parent/Guardian Cell Phone: _____

Do you have family medical/hospital insurance? [] Yes [] No

Carrier: _____ Policy Number: _____

Physician Name & Address: _____

Name & Phone Number of Pharmacy: _____

Health History

It is recommended that each camper has been immunized against the following: polio, measles, mumps, rubella, diphtheria, tetanus, Hepatitis B, Hemophilus influenza B, and whooping cough.

Are immunizations up to date: Yes ____ No ____

Date of last Tetanus or DPT shot: _____ Height: _____ Weight: _____

Past illnesses: Measles ____ Chicken pox ____ German measles ____ Mumps ____ Hepatitis: A__ B__ or C__

Previous Surgeries: _____

Camper wears: Glasses/Contacts Dental Braces Hearing Aid Other _____

List any disabilities or special needs: (hearing, vision, mobility, diet, etc.) _____

Current health, behavioral or emotional problems: _____

Has your child taken any behavioral modification drugs within the last year? If yes, explain. _____

Current medication: _____

If you are sending prescription medication to camp with your child, you will be asked to fill out a Medication Information Slip. All medications are turned over to the Health Supervisor. Medication must be in the original container with pharmacy name and phone number listed. See "note" regarding over-the-counter medications.

(over)

Allergies

Allergic Reaction to: Bee Stings _____ Penicillin _____ Other _____

Explain type of reaction and treatment given: _____

Food allergies: _____

Dietary Restrictions: _____

Chronic Problems

Asthma: _____

ADHD: _____

Diabetes: _____

Skin Disorders: _____

Seizure Disorders: _____

Long Term Diseases: _____

Heart Problems: _____

Other: _____

Additional Comments:

List any communicable diseases your child has been exposed to within the last month before camp (i.e. chicken pox, etc.)

Permission to Authorize Medical or Surgical Treatment

The information on this form is true to the best of my knowledge and the above named person is in good health and may attend camp. I hereby give my permission to the camp to authorize routine medical or surgical treatment to my child if it should become necessary. I realize that all attempts will be made to notify the parents first.

Signature _____ Date _____

(Must be signed by Parent or Legal Guardian)

***NOTE:** The Phantom Ranch Bible Camp Infirmary must operate under Standing Medical Orders by a physician. These orders specify which over-the-counter medications the health supervisor is allowed to administer. These over-the-counter medications include, Tylenol, Advil, Sudafed, Benadryl, among others and are kept in supply in the camp infirmary. Phantom Ranch cannot accept over-the-counter medications from you to be administered to your child while at camp.

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Confidential Form 2010

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**THIS FORM IS TO BE FILLED OUT BY A PARENT OR LEGAL GUARDIAN – NOT BY THE CAMPER
PLEASE PRINT**

Name of Camper: _____ Age: _____ Grade in Fall: _____

Date of Birth: _____ Reading Level: [] above average [] average [] below average

Previous Camp Experience: Place _____ Year _____

Does child attend church regularly? _____ Is church attendance regular for others in the family? _____

Describe the areas in which you would most like to see growth in your child from this camping experience:

What experience is your child most looking forward to? _____

Please describe any spiritual, emotional, or physical needs that the counselor should be aware of.

Phantom Ranch, W309 S10910 Hwy I, Mukwonago, WI 53149
Phone: 262-363-6940 ♦ Fax: 262-363-6941
Website: www.phantomranch.org

Phantom Ranch Bible Camp - 2010

Parent Information and Permission Form

Phantom Ranch requires a Parent's or Legal Guardian's signature indicating permission to participate in camp sessions and related activities. This form must be turned in to the camp office in order for the camper to be able to attend camp.

Camper Name:

Session:

Address:

I hereby give permission for my child _____ to attend camp at Phantom Ranch Bible Camp, and engage in all of the camp activities as approved by the Executive Director. I also understand that some sessions include activities where my child may leave the grounds of Phantom Ranch. These may include, but are not limited to: walking to the Elegant Farmer market, mountain biking at Kettle Moraine State Forest, or Roller Skating. I understand that all off-ground activities will be approved by the Executive Director.

I understand that attendance at any Phantom Ranch event implies permission for Phantom Ranch to use any photos or video taken during the course of the event in any Phantom Ranch publication, video production or on our website, and implies release of any rights for any kind of remuneration from said photos or video. I also understand that Phantom Ranch's privacy policy will be followed regarding photos, video, and websites.

Due to health or philosophical reasons parents may not want their children to participate in Horseback Rides or in using the Paintball Target Range. Please indicate if this is your wish:

_____ I do not want my child _____ to participate in Horse Rides.

_____ I do not want my child _____ to participate with the Paintball Target Range.

Parent or Legal Guarding Signature

Signed: _____ Date: _____

Relationship: _____

Speedball Permission Form

This section, which is required by our insurance company, must be signed by a parent or legal guardian to allow your child to participate in speedball activities at Phantom Ranch.

Speedball is a fast paced game played using paintball markers on our Speedball field. Each game or match lasts about 5 minutes, and then all the players can restart. This is different than the paintball target range which is at a different location on the camp grounds.

In order to allow my child, _____, in the sport and activities of Paintball/Speedball I acknowledge and agree that: There is a risk of injury, including potential for permanent disability or death, resulting from participation in the Paintball/Speedball activities and from the equipment involved in participation, and why particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;

I knowingly and freely assume all such risks for my child, both known, and unknown, even those arising from the negligence of those persons released for liability below, or from other participants, and assume full responsibility for my child's participation;

I understand that my child must comply with all rules and regulations;

I, for myself, or for my child, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless from liability Phantom Ranch Bible Camp and Midwest Bible Church, Chicago, IL. (the owners and operators of the property used to conduct the Paintball/Speedball activities), their officers, officials, board members, agents and or employees ('releases'), with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by negligence of the releases or otherwise, except that with is the result of gross negligence and /or wanton misconduct;

I have read this release of Liability and Assumption of Risk Agreement, fully understand it's terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent or Legal Guarding Signature

Signed: _____ Date: _____

Relationship: _____

PHANTOM RANCH BIBLE CAMP – CAMPER CHECK-OUT FORM

◆ Camper Name: _____

◆ Session Name: _____ Session Date: _____

◆ My child will be picked up at the end of this session by one of the following:

Authorized Pickup: _____ Phone: _____

Authorized Pickup: _____ Phone: _____

◆ My child will be picked up at different time/date then regular camp checkout.

Date: _____ Time: _____

◆ Do not allow the following person(s) to pick-up my child:

Unauthorized Pick-up: _____

Unauthorized Pick-up: _____

◆ Signature of Parent/Legal Guardian: _____ Date: _____

Mail form to camp or return at start of session during checkin

MEDICATION INFORMATION SLIP

(1 slip per medication)

Camper Name: _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Further Instructions: _____

Parent Name: _____

Phone #: _____

Work #: _____

Pharmacy Name: _____

Pharmacy Phone #: _____

MEDICATION INFORMATION SLIP

(1 slip per medication)

Camper Name: _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Further Instructions: _____

Parent Name: _____

Phone #: _____

Work #: _____

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Pharmacy Phone #: _____

MEDICATION INFORMATION SLIP

(1 slip per medication)

Camper Name: _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Further Instructions: _____

Parent Name: _____

Phone #: _____

Work #: _____

Pharmacy Name: _____

Pharmacy Phone #: _____

MEDICATION INFORMATION SLIP

(1 slip per medication)

Camper Name: _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Further Instructions: _____

Parent Name: _____

Phone #: _____

Work #: _____

Pharmacy Name: _____

Pharmacy Phone #: _____