

# MEDICAL INFORMATION FORM

This form must be completed on both sides for all participants at summer camps sponsored by **Outdoor Ministries** of the Church of the Brethren of Southern Ohio at Woodland Altars and at Cave Camps in Rockcastle County, Kentucky.

Camper's last name \_\_\_\_\_ First name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M F

Home Address \_\_\_\_\_  
Street City State Postal Code

Parent/Guardian \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

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### So that we can better care for your camper, please fill in the following information:

Date of last Tetanus shot: \_\_\_\_\_ Please list other immunizations with dates: \_\_\_\_\_

\_\_\_\_\_

List any communicable diseases to which your camper has been exposed within the last two weeks: \_\_\_\_\_

\_\_\_\_\_

List any chronic or continuing health problems of which we need to be aware:

\_\_\_\_\_

**List all allergies:** allergies to medications, food allergies (only allergies, not dislikes), and any other allergies \_\_\_\_\_

\_\_\_\_\_

List any surgeries or serious injuries which occurred with the past year: \_\_\_\_\_

\_\_\_\_\_

List any physical or mental health factors which make it advisable for your camper to follow a limited program:

\_\_\_\_\_

So that we may protect your child from embarrassment: Does he/she wet the bed? \_\_\_\_\_ Sleepwalk? \_\_\_\_\_

Are there any other factors of which you want to make us aware? \_\_\_\_\_

**DO NOT MAIL THIS FORM – BRING IT TO CAMP FOR OUR NURSE CHECK-IN**

**THREE (3) SIGNATURES REQUIRED ON OTHER SIDE OF THIS FORM.**

**PARENTAL PERMISSION AND MEDICATION INSTRUCTIONS**  
**IF YOUR CAMPER IS BRINGING MEDICATION, PLEASE LIST THE MEDICATION  
BY NAME AND SPECIFIC INSTRUCTIONS FOR ADMINISTERING IT:**

Medication

Instructions

If my camper should need it, please give

Aspirin\_\_\_\_\_ Tylenol or acetaminophen\_\_\_\_\_ Other\_\_\_\_\_ Nothing\_\_\_\_\_

I hereby give my permission for [*camper's name*]\_\_\_\_\_ to attend summer camps sponsored by Outdoor Ministries at Woodland Altars, Peebles, Ohio, and/or cave camps sponsored by Outdoor Ministries in Rock Castle, Kentucky. I give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any medical records necessary for treatment and for insurance purposes; and to provide or arrange necessary related transportation for this camper.

I understand that I will be contacted in case of sickness or accident. In the event that I cannot be reached in case of emergency, I hereby give permission to the physician and/or hospital selected by Outdoor Ministries, by Woodland Altars, or their designated medical personnel to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my camper as named above. This completed form may be copied on both sides for trips out of camp. A copy may be treated as an original.

I further give my permission to Outdoor Ministries and their designated staff to release the medical information contained in this form to any physician, hospital, and/or emergency medical personnel selected to care for my camper in the event of an emergency.

Date\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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**RECEIPT OF PRIVACY POLICY STATEMENT**

I have received a copy of the Privacy Policy of Outdoor Ministries which explains the reasons for collecting health information requested on this form and the ways in which we may use that information for the protection and well-being of each camper.

Date\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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**PERMISSION FOR PHOTOGRAPHY**

I hereby give my permission for the videotaping, filming, and/or photography of my camper for promotional purposes of Outdoor Ministries sponsored camps and/or Woodland Altars sponsored events. This permission includes the use of such photos in the Outdoor Ministries' summer camp brochure and/or the Outdoor Ministries and Woodland Altars web sites.

Name of camper (printed) \_\_\_\_\_ Parent's name (printed) \_\_\_\_\_

Date\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

***No one shall be denied admission to our camps or to the benefits of any of our programs  
because of race, color, national origin, sex, handicap, or age.***

If you have questions or concerns please call or write us at Outdoor Ministries, 1001 Mill Ridge Circle, Union, Ohio 45322. Telephone 937-417-1184. [www.outdoorministries.org](http://www.outdoorministries.org)

# Privacy Policy

## Outdoor Ministries – Church of the Brethren of Southern Ohio

The following privacy policy shall be applied to all summer camps conducted by Outdoor Ministries at Woodland Altars, to all caving camps, and to any other events or programs conducted by Outdoor Ministries for which it may be necessary to collect medical information for the protection and well being of the participants.

Our use of confidential medical information is intended for the health and well being of participants in our group camping programs – both campers and staff.

### **What information is collected:**

For the protection and well being of participants in any overnight event involving minors and other residential camps we collect medical histories and information on medications which is provided by parents, guardians, volunteer and paid staff, and other participants in programs and events under the direction of the Outdoor Ministries Commission of the Southern Ohio District of the Church of the Brethren.

### **The use we make of confidential medical information:**

Information on confidential medical forms is intended to enable our **camp nurse, camp physician**, and/or other **designated medical personnel** to provide emergency medical care for participants in camps and other Outdoor Ministries sponsored events.

In addition to those named in the previous paragraph, for the well-being of the participant, confidential medical information may be shared with the following persons:

1. Dean or other person in direct charge of the camp or event.
2. Counselor of the small group in which an individual is living. The information is not available to other counselors.
3. Administrative staff of Outdoor Ministries and the administrative staff of any facility (such as Woodland Altars) where our programs may be conducted.
4. Kitchen staff shall be made aware of any food allergies of an individual participant. Information from the medical records of a participant unrelated to food preparation shall not be disclosed to the kitchen staff.
5. For campers involved in Horse Camps, a completed and signed copy of the Medical Information Form will be provided to the Six Pack Equestrian Center (Barnard Farms, Inc.) for each camper.

All treatments and administration of all prescription and over-the-counter medications shall be logged in the medical log which becomes a part of our permanent record or the permanent record of the facility where our programs may be conducted. These logs which are kept in treatment areas during our camps may be seen by other staff who also enter information into them.

Participants, volunteers, and staff who have any medical condition requiring greater confidentiality may make arrangements with the Director of Outdoor Ministries to have their use of prescription medications to be recorded in a medical log which would be accessible only to the Director of Outdoor Ministries, the Camp Nurse and Physician, and a designated member of the staff of the host facility.

It is understood that the recording in the medical log book of the administration of prescription and over-the-counter medications is for the protection of the participant, the program, and the host facility. If a participant becomes ill it is critical for health care staff to know what medications have been used in the recent hours and days.

It is understood that all camper medications shall be entrusted into the care of the Dean of their camp who shall maintain those medications under lock and key. For groups living on the ridges and for off-site camps appropriate arrangements shall be made for keeping medications secure and protected from consumption by other campers. Exceptions shall be made for medicines which must be carried with the camper at all times. In these instances the medications shall be carried by the camper's counselor or staff person in direct charge of the camper.