HEALTH FORM

Last Name _____ First Name _____ ☐ M ☐ F DOB _____

Emergency Contact (1) _____ Day Phone _____ Eve. Phone _____

Home Address _____ City _____ State _____ Zip _____

Emergency Contact (2) _____ Day Phone _____ Eve. Phone _____

Home Address _____ City _____ State _____ Zip _____

If Parent/Guardian is not available in an emergency, please notify:

Name _____ Relationship _____ Phone _____

Have you had any of the following?

☐ Anemia	☐ Asthmas	☐ Back Problems	☐ Chest Pain	☐ Chickenpox	☐ Diabetes
☐ Ear infection	☐ Eating Disorder	☐ Heart Murmur	☐ Hepatitis A	☐ Hepatitis B	☐ Hepatitis C
☐ Measles	☐ Migraines	☐ Mumps	☐ Rubella	☐ Seizures	☐ Tonsillitis

Allergies: ☐ Hay Fever ☐ Insect Stings ☐ Foods ☐ Penicillin ☐ Poison Ivy

Additional Health Information

Operations or serious injuries (please include dates of injury):

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary).

List any and all medications and medicines that will be brought to SAMBICA (including dosages and times)*

*Personal medicines cannot be stored in a cabin where campers are present. ALL medicines must be stored and administered by camp nurse.

Any medical or dietary restrictions (e.g. vegetarian, vegan)

All immunizations are currently up to date including: Polio, DPT series and MMR:

☐ Yes ☐ No

(Important: please notify us if you have been exposed to a communicable disease during the three-week period prior to arrival)

Health Insurance Carrier _____ ID # _____ Group # _____

(Under the Affordable Care Act and Individual Mandate rule, all people must have minimal essential coverage beginning Jan 1, 2014)

HEALTH AUTHORIZATION

This health form is correct as far as I know. I herby give permission to any of the above individuals to authorize Overlake Hospital and Medical Center and/or the physicians selected by the SAMBICA administration to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me. My signature below releases the corporation of Sammamish Bible Camp Association of any liability of accident incurred by the above named staff member. I understand that SAMBICA only carries secondary insurance for employees/volunteers and that I will take primary responsibility for any charges occurring in the event that the person named above should need any medical attention at any clinic, facility, or hospital. In the event of a work related injury and that an employee/volunteer is not covered by an insurance policy, SAMBICA will provide coverage. I have read, completed and fully understand the above information.

Signature _____ Date _____

By signing below I am consenting to participate in all activities, and to allow photographs, videotapes and interviews to be taken during the camp session(s). I further give permission and consent that any such photographs, videotapes, or interviews may be published and used to illustrate, promote, and advertise SAMBICA and its camp activities.

Signature _____ Date _____

MINOR RELEASE

FOR MINORS ONLY! Please have the following signed by a parent or guardian, if you are a minor (17 years or younger). If you are 18 years or older you may skip this section of the form.

This health form is correct as far as I know. I herby give permission to any of the above individuals to authorize Overlake Hospital and Medical Center and/or the physicians selected by the SAMBICA administration to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my son/daughter. My signature below releases the corporation of Sammamish Bible Camp Association of any liability of accident incurred by the above named staff member I understand that SAMBICA only carries secondary insurance for employees/volunteers and that I will take primary responsibility for any charges occurring in the event that the person named above should need any medical attention at any clinic, facility, or hospital. In the event of a work related injury and that an employee/volunteer is not covered by an insurance policy, SAMBICA will provide coverage. I have read, completed and fully understand the above information.

Signature By Parent or Guardian _____ Date _____

I hereby give my permission for my son/daughter to take part in all staff events and activities this summer as an employee of SAMBICA. Furthermore, I merit SAMBICA to regard my child as an adult in all respects and thus allow him/her to leave camp premises without SAMBICA supervision at any time he/she is not under work obligation. I also release SAMBCIA of all liability during times that my child is not working or taking part in required staff activities.

Signature By Parent or Guardian _____ Date _____

I give permission and consent for my child to participate in all activities and to allow photographs, videotapes, and interviews to be taken during camp sessions. I further give permission and consent that any such photographs, videotapes, or interviews may be published and used to illustrate, promote, and advertise SAMBICA and its camps.

Signature By Parent or Guardian _____ Date _____

I give permission and consent for my child to be transported in a vehicle on and off SAMBICA grounds during all SAMBICA events and activities. I further give permission and consent for my child to ride in a boat, with the understanding that the boat will be driven by a trained and qualified SAMBICA staff member for the purpose of camp activities such as water-skiing, wakeboarding, and boat rides.

Signature By Parent or Guardian _____ Date _____