

2010 Health Form & Consent Form

Camper Name: _____

Emergency Contacts and Phone Numbers: _____

Date of last DPT: ____/____/____

Medical Concerns: (check all those that apply)

- Asthma Sleep Walking Epilepsy
 Diabetes Bed Wetting ADD/ADHD
 Allergies _____ Other _____

Special Needs or Concerns: (including allergies) _____

Medication Name	Frequency	Dosage

The following **over-the-counter medications** are supplied in our First Aid Station. They may be administered as deemed necessary by the camp medical professionals, unless otherwise advised.

PLEASE CROSS OUT (X) ANY YOU DO NOT WANT ADMINISTERED. (These supplies may be generic)

Ibuprofen Acetaminophen Antibiotic Ointment Visine Swim Ear Drop Pepto
Sudafed Robitussin Throat Lozenges Campho Phenique Maalox Midol

Insurance Information: Please send a copy of your insurance card (front & back) with this form

Employee's Name: _____

Health Insurance Company: _____

Policy Number: _____

Emergency Treatment Release:

In case of serious sickness or injury, Rock River Christian Camp has my authorization to secure such medical attention as is deemed necessary, if unable to communicate with me at once. As a parent/guardian, I accept primary responsibility of medical coverage on accidents and illness while the camper is a Rock River Christian Camp. The camp's insurance will be secondary for injuries only.

Parent/Guardian Signature: *(for those under 18)* _____

If parent cannot be reached, please provide contact person other than parent:

Emergency Contact: _____

Relationship to Camper: _____

Emergency Phone #: _____

All S.A.W.s:

Please provide a current photo to insure 100% accuracy in administering prescription and OTC medications.

2010 Servants At Work (SAW) Application

Name: _____ Date of Application: ____/____/____

Grade in Fall: _____ Date of Birth: ____/____/____

Male Female Immersed Believer? Yes No

Have you been a SAW before? Yes No If yes, how many years? _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian(s) Names: _____

Home Phone:(____) _____ Cell Phone:(____) _____

Home Church: _____ City: _____, State: _____

Have you ever been accused of improper conduct toward children? _____

Describe your volunteer / paid work experience and church activities: _____

Why do you want to work at Rock River Christian Camp? _____

Describe your relationship with Jesus Christ and how it affects your life: _____

