

Whispering Pines Bible Camp Medical Form

Camper's Name: _____

Alberta Health Care Number: _____

Emergency Contact #1:

Name: _____

Phone Number: _____

Relationship: _____

Emergency Contact #2:

Name: _____

Phone Number: _____

Relationship: _____

Please list any medical issues: _____

Please list any allergies, describe the reaction, and list what medication is to be given.

Yes, you may administer the following over the counter pain relievers:

Please list any prescription medication and instructions (dose, times of administration) you are sending with your camper. Please send any medication in its original bottle with instructions and child's name on the bottle. All medication is to be handed in at registration.

Please list any medication that you are sending with your camper:

We will make every effort to inform parents/guardians of medical concerns, but will not delay seeking medical attention as needed.

In the event of an injury or medical concern, I give permission to Whispering Pines Bible Camp and its officers, directors, employees, affiliates, volunteers, and representatives to provide First Aid and/or transport to medical services as deemed necessary by WPBC personnel.

Parent/Guardian Name (please print) Parent/Guardian Signature

Date