

FELLOWSHIP OF CHRISTIAN COWBOYS
Texas Rodeo Bible Camp
HEALTH FORM RELEASE



Note to Parents: Every precaution will be taken to ensure that your child's stay with us is a fun and SAFE experience. Occasionally, people do get hurt. We require that you have INDIVIDUAL HEALTH INSURANCE to protect your child! In case of sickness or accident, please fill out the following health information completely and accurately for our camp records.

THIS HEALTH FORM RELEASE MUST BE SIGNED BY PARENT OR LEAGAL GUARDIAN AND SENT WITH THE RODEO BIBLE CAMP REGISTRATION FORM!!!

MEDICAL INFORMAITON FOR CAMPER:

Camper's Name: _____ Date of Birth: _____ Sex: _____

Doctor's Name: _____ Doctor's Phone: ____/____

Name of Insurance Company: _____

Group or Policy #: _____ Insurance Phone: ____/____

Please list all medications that your child is bringing to camp, include non-prescription items such as aspirin and vitamins, as well as prescription medications:

2. Reasons for taking medications listed above:

3. Does your child experience seizures: ____ YES ____ NO Most recent occurrence: _____

4. Has your child ever been knocked unconscious or passed out? ____ YES ____ NO

5. If YES, when and how? _____

6. Give the date your child last saw a physician: _____

7. Reason for the visit: _____

8. Date and Doctor seen for child's last physical examination: _____

9. Year of last Tetanus Shot: _____

10. Check any allergies / illnesses:

Hay Fever ____ Poison Ivy ____ Insect sting ____ Penicillin ____

Asthma ____ Diabetes ____ Heart Problems ____ List Other _____

11. List any other helpful medical information (i.e. recent surgeries, diseases, etc.):

12. Please enclose a COPY of your insurance card as PROOF of insurance coverage.

Parent Signature