|  |  |
| --- | --- |
|  |  |

#### YMC Health Certificate

1. Name Click or tap here to enter text. Health Ins. Co. Click or tap here to enter text.Policy # Click or tap here to enter text.
2. In case of accident, illness or emergency, camp should notify:

Name Click or tap here to enter text. Home Phone Click or tap here to enter text.Work Phone Click or tap here to enter text.

1. Date of last tetanus shot or booster Click or tap to enter a date.
2. Indicate any diseases the camper has had:

 [ ]  Scarlet fever [ ]  Measles [ ]  Chicken pox [ ]  Heart condition [ ]  Epilepsy

 [ ]  Sugar diabetes [ ]  Tuberculosis [ ]  Mononucleosis [ ]  Rheumatic fever [ ]  Mumps

1. Do you have any allergies, chronic health, emotional or bedwetting problems? Click or tap here to enter text.
2. Have you been exposed to any contagious diseases within the past three weeks? [ ] Yes [ ] No If yes, please consult your family doctor. To protect the health and safety of all campers, you must obtain the doctor’s written permission before working at camp. (Please send the written permission to camp.)
3. Are you taking any medication now? [ ] Yes [ ] No What kind? Click or tap here to enter text.Please leave prescription drugs, along with directions, with the camp nurse when registering at camp. Only medication in original bottle will be dispensed. Only medication with proper dosage on original bottle will be dispensed.
4. I give permission for my child to participate in all camp activities, including off-campus hikes or field trips, except as noted by me in writing. In case of emergency, if I or listed emergency contact person cannot be reached, I hereby give permission to the physician selected by the Camp Director or Program Director to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child.

Media Release

I agree that any photographs or video of my child taken at camp may be used by CBC for art, advertising or promotion. I waive my right to inspect or approve the finished product or copy.

### Parental Consent

###  (Son/Daughter) is authorized to leave Cooperstown Bible Camp grounds when not working. I understand that s/he will be allowed to leave only when accompanied by a staff member aged 18 or older. (It is assumed that staff members under the age of 18 who drive their own vehicle to camp, are authorized by their parents to leave camp driving the vehicle, unless otherwise stated.) My son/daughter is also permitted to leave campgrounds with a staff member under the age of 18 on a case-by-case basis. If this is to happen, I must be contacted by them and will give written permission to the Camp Director or Program Director in each instance. If in any case the driver (no matter the age) fails to return my child to camp on time or makes a poor choice of activities, depending on the circumstances, my son/daughter may also face an appropriate consequence.

Parental Acceptations or Comments: Click or tap here to enter text.

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click or tap to enter a date.