Bair Lake Bible Camp
Adult Health History Form

Name:	Date of Birth:	Gender: Male Female

Street Address:	City/State/Zip Code:
Home Phone: ( )	Cell Phone: ( )
Health Insurance Carrier Name:	Name and Date of Birth of policy holder:
Policy #:	Group #:
Emergency Contact Name:	Best daytime phone # for Emergency Contact: ( ) Best evening phone # for Emergency Contact: ( )
Name of Personal Physician: Address for Personal Physician:	Phone Number: ( ) Fax Number: ( )

Medical History

Medication Allergies: Yes No List :	**Food/Environmental Allergies**: Yes No List:

Do you have?

Arthritis	Yes	No	Hypertension	Yes	No
Asthma/COPD/emphysema	Yes	No	Kidney disease	Yes	No
Bleeding/clotting disorder	Yes	No	Motion sickness	Yes	No
Cancer	Yes	No	Skeletal/muscle disorder/disease	Yes	No
Constipation/diarrhea	Yes	No	Nervous system disorder	Yes	No
Convulsions/seizures	Yes	No	Pregnant	Yes	No
Diabetes	Yes	No	Sickle cell anemia	Yes	No
Fainting	Yes	No	Sleep disturbance/walking	Yes	No
Headaches	Yes	No	Stomach upset/heartburn/reflux	Yes	No
Hearing impairment	Yes	No	Depression/Bipolar/Anxiety/Schizophrenia	Yes	No
Heart defect/disease	Yes	No	ADD/ADHD	Yes	No

Other:

Are you currently prescribed medication for any of the above marked "yes"?	Yes	No
Will you be taking these medications while at Bair Lake Bible Camp?	Yes	No

BLBC Medication Policy: **All over the counter medications, supplements and prescription medications:** remain in their **ORIGINAL CONTAINER**, not expired, exact dosage states that designated for you.

a. **All** medicinal substances are turned in to the Health Officer at check in.
b. **Exception**: Adults staying in non-camper housing unit, children under the care of their own parent in non-camper housing unit.
c. **Exception:** medications deemed necessary to be kept with and individual, such as a rescue inhaler or an epipen.
d. **Youth Week camp:** This camp is operated under the State of Michigan rules and regulations for residential minor campers. All medications (over the counter and prescription) and supplements must follow BLBC policy as stated above.

Do you have any required special needs, accommodations or restrictions? If yes, Please fully explain:	Yes	No

List all operations/serious illness/serious injuries which have required in or out patient hospital care:

Immunizations are up to date?	Yes	No	Flu shot and/or pneumonia shot in last year?	Yes	No

Circle all that apply:
Dentures; contact lens; glasses; hearing aids; pace maker; metal implants/joints; insulin pump; cane; crutches; walker;
list other:

I hereby give permission to Bair Lake Bible Camp, which is licensed by the Michigan Department of Human Services, to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care, for myself, while attending camp. In addition, I authorize camp to dispense minor first aid and health care to me, including the dispensing as needed, based on standing orders, the following medications. **Cross out any medications you may not take:**

Acetaminophen	Cough suppressant	Benadryl
Antihistamines	Ibuprofen	Claritin
Antacid	Epinepherin (Epi-Pen)	Imodium
Antibiotic cream	Hydrocortisone cream	Topical pain (analgesic) creams/gels
Calamine lotion	Decongestants	

By signing this form you are stating that you understand that a health problem or a medical emergency may develop that necessitates emergent or urgent medical care. You are granting Bair Lake Bible Camp the authority to secure emergency medical care on your behalf should you be unable to do so yourself. You are granting your physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. In addition, you are granting us permission to provide onsite first aid and/or treatment of minor injuries/illness should it be necessary. You further give Bair Lake Bible Camp permission to share the contents of this document with other health care providers on an as needed basis. You are responsible for costs associated with medical care for any injury or illness required.

Signature:	Date: