

North Star Evangelistic Corporation

North Star Bible Camp, Anchorage Office
125 East 23rd Avenue, Anchorage, Alaska 99503
(907) 277-6414
northstarbiblecamp.com



Health Form

This form is strictly CONFIDENTIAL and will be viewed only by the Staff Director and camp Nurse. Please complete and mail form to the address below. ONE FORM PER CAMPER/STAFF MEMBER IS REQUIRED FOR ATTENDANCE!

Camper/Staff Name _____ Male ____ Female ____ Birthday _____

Emergency Contact (Name & Phone Number) _____

Primary Physician (Name & Phone Number) _____

Check if the camper HAS had:

- | | |
|---|---|
| <input type="checkbox"/> Recurrent Ear Infections | <input type="checkbox"/> Emotional Disorder |
| <input type="checkbox"/> Serious health problems | <input type="checkbox"/> Heart Trouble |

If yes to any, please explain: _____

Check if the camper NOW has:

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dietary Restrictions |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Menstrual Cycle |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> ADD or ADHD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other |

If yes to any, please explain: _____

Check if the camper is ALLERGIC to:

- | | |
|--|--|
| <input type="checkbox"/> Foods | <input type="checkbox"/> Other Drugs |
| <input type="checkbox"/> Bees/Insect Bites | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Penicillin | |

If yes to any, please explain: _____

Please list any medications camper/staff member is currently taking including vitamin supplements or herbs. Please state the reason for taking, the dosage, and the times taken for each medication. ALL MEDICINES INCLUDING VITAMINS AND HERBS MUST BE SENT IN THE ORIGINAL CONTAINER WITH THE ORIGINAL LABEL, OR IT WILL NOT BE ADMINISTERED IN ACCORDANCE WITH ALASKA LAW. _____

Please check any medications you will allow NSBC to administer to your camper/staff member:

- | | |
|---|--|
| <input type="checkbox"/> Children's Tylenol | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> TUMS |
| <input type="checkbox"/> Ibuprofen/Advil | <input type="checkbox"/> Pepto-Bismol |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> First Aid Cream/Neosporin |
| <input type="checkbox"/> Sudafed | |

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Camper/Staff Name _____

Please list any concerns or conditions we have not covered: _____

Parent/Guardian Authorization (MUST BE COMPLETED TO ATTEND CAMP IF UNDER 18)

I hereby certify that this Health History is correct to the best of my knowledge. I understand the possible risks in sports, games, and other camp activities and do give my permission for the above names camper to engage in all prescribed camp activities except as noted by myself or my family physician.

I/We hereby release North Star Bible Camp, its employees, agents, and camp staff from all claims, demands, actions, or causes of action for any sort of injuries during the period covered by this release whether such injuries occur on or off the camp property. I have instructed my child to obey the rules of North Star Bible Camp.

I hereby give permission to NSBC to administer above medications to my charge. In the event that I cannot be reached in an emergency, I hereby give my permission for the physician selected by the Camp Director or his/her designate to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my charge as required for his/her welfare.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Please mail this form to:

North Star Bible Camp
Attn: Camper Registration
125 East 23rd Avenue
Anchorage, AK 99503

Questions:

If you have any questions please call or email:
Mark or Robin Ross, Staff & Program Directors
Phone: 907-277-6414 or 907-495-6378
Email: registrar@northstarbiblecamp.com