



# Camp Barakel Health Form

P0 Box 159, Fairview, MI 48621 Phone 989-848-2279 Fax 989-848-2280 www.CampBarakel.org



## Dear Parent/Guardian:



**PLEASE READ CAREFULLY**

We want to meet the physical and emotional needs of your child. Please help us by taking time to read and complete this form on both sides. **State camping regulations dictate that we cannot accept a child without this completed form**, including your signature. Please be sure to give plenty of emergency contact information. We hope we never have to use it – however it is critical that we be able to reach you if such a need arises.

**This completed Health Form is due at Barakel by May 31.** Each form is carefully read by our Health Staff so that we are ready to meet every camper's needs. **If you received this form after May 31, please send it back today.**

Additional remarks are welcome. Please include on a separate piece of paper anything that you would like us to know about your child and their needs. If bed wetting is an issue, please help us care for your camper by mentioning it. Every attempt is made to handle this in a way that will not be embarrassing to your child.

If your camper is bringing medication, please send it in the original container with his or her name on it. Medication will be turned in to the Health Staff on Tuesday. Please refrain from sending vitamins or other nonprescription medications that are not essential for maintaining your child's health during their week of camp. We maintain a state-approved infirmary with over-the-counter medication for minor ailments.

Thank you! Please fill in the rest of this form (both sides) and put it in the mail right away.

## Health Insurance:

As part of our desire to be good stewards of the funds entrusted to us – and to keep our costs as reasonable as possible – Camp Barakel has implemented the following camper health and accident insurance plan:

When one of our campers **is covered** by their family health insurance policy for an accident or illness occurring while at Barakel, the benefits of that policy apply. If your insurance policy does include coverage for your child, please check the appropriate box below and complete the necessary information. **PLEASE SEND A PHOTOCOPY (FRONT AND BACK) OF YOUR INSURANCE CARD!**

When a camper **is not covered** by any other health insurance policy while at Barakel, the camp will provide limited coverage in case of accident or illness. This plan provides emergency medical services to treat an injury or illness occurring at Barakel up to a maximum amount of \$2,000. If your child is not covered by a personal health insurance policy, please check the appropriate box below. **NOTE:** This secondary plan is not a supplemental plan to your own policy. It is not intended to pick up deductibles or co-pays from your own coverage.

My child **IS COVERED** under our family health insurance policy.

Policyholder's name \_\_\_\_\_

Insurance company name \_\_\_\_\_

Insurance company address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy identification number \_\_\_\_\_

Camper name \_\_\_\_\_

... Does your policy provide Prescription Co-Payment?  Yes  No

My child **IS NOT COVERED** under a family health insurance policy.

OVER, PLEASE...

Dates that your child is a camper				Grade in the fall			
Camper's Name (Last)		First	Mid. Initial	Weight	Sex	Date of Birth	
Address (Number and Street)		City	County	State	Zip	Home phone # (with a/c):	
Parent's Full Names (mother and father, if applicable) or Guardian's Full Names						Work phone # (with a/c):	
Address (Number and Street)		City	County	State	Zip	Cellular #:	
<i>In an emergency if unable to reach the above, who should we contact (friend, grandparent, neighbor, 2nd parent, cabin, etc.)?</i> Please give names and appropriate phone numbers:						Emergency phone #'s (with a/c):	

<i>Is your child having any of the following issues?</i>	YES	NO		YES	NO
1 – Hay Fever, asthma, or wheezing (if "yes", please specify)			8 – Kidney disorder		
2 – Appendicitis attacks			9 – Heart trouble		
3 – Has appendix been removed?			10 – Any recent exposure to contagious / infectious diseases?		
4 – Frequent colds, sore throats, ear aches			11 – Food allergy? (explain below how severe. Only if eaten? If touched by skin? If inhaled? Be specific.) Do they carry an EPI pen for this allergy?		
5 – Convulsions or seizures or fainting			12 – Bee sting allergy? (if yes, please circle one below)		
6 – Diabetes			a – Benadryl / observe		
7 – Rheumatic Fever			b – Benadryl + observe; EPI pen if breathing trouble / ambulance to ER		
			c – EPI pen immediately / ambulance to ER		

Please use this space (or additional paper) to explain any answers checked "yes" above:

<i>Medications needed or used (including psychiatric):</i>	<i>Please send all medication in its original container.</i>	
Medication:	Dosage:	Time Given:
1		
2		
3		

<i>Special conditions to watch for:</i>	YES	NO		YES	NO
1 – Allergies (penicillin, other drugs)			5 – Bed-wetting		
2 – Attention Deficit Disorder			6 – Sleepwalking		
3 – Attention Deficit Hyperactive Disorder			7 – Specific Learning Disability		
4 – Emotional / Psychological Disorders or Behavioral Problems			8 – Speech Disorder		

Explanation of above (please use additional paper if needed):

Should the child's activity be restricted because of any physical limitation or illness?  Yes  No If "Yes," please explain degree of restriction:

Does your child have communicable Tuberculosis?  Yes  No

Please check if the child has had either the immunization (up-to-date) or the disease:

- Diphtheria   
  Pertussis (Whooping Cough)   
  Tetanus (date) \_\_\_\_\_  
 Measles   
  Mumps   
  Rubella   
  Polio   
  Hepatitis B   
  Chicken Pox

"I certify that this information is true to the best of my knowledge. I hereby give permission to Camp Barakel to provide routine, nonsurgical medical care, and in case of emergency to hospitalize and to secure proper treatment, anesthesia or surgery for the child named on this form."

Custodial Parent or Guardian Signature <b>X</b>	Date
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**Please send this form in right away to:**  
**HEALTHCARE; CAMP BARAKEL; PO BOX 159; FAIRVIEW, MI 48621-0159**  
**or fax to: 989-848-2280**