

# Camp Bethel 2021 Camper Health & Information Form v. 05.22.2021 Complete this online at [CampBethelVirginia.org/health](http://CampBethelVirginia.org/health)

A parent or legal guardian must complete and submit this form at least 7 days prior to your camp dates or as soon as possible. Keep a copy of this completed form for your records. The intent of this form is to provide information needed in case of emergency care. The directors keep information from this form confidential. Submit additional descriptions or updates if needed via [CampBethelOffice@gmail.com](mailto:CampBethelOffice@gmail.com), attention: Health Coordinator. Provide any urgent health updates at check-in on the first day of camp. Insurance is not required for camp attendance, and Camp Bethel provides only limited secondary accident insurance for participants. If you have insurance and you have plans to be away or unreachable during your child's camp time, you must e-mail a scan or image of the front & back of your family/child medical insurance card to [CampBethelOffice@gmail.com](mailto:CampBethelOffice@gmail.com), or upload the scan/image at [www.CampBethelVirginia.org/health](http://www.CampBethelVirginia.org/health). In any emergency, illness, or injury, we will immediately contact the parent/guardian or the emergency contact. **All answers on this form are REQUIRED.**

Camper's FIRST name \_\_\_\_\_ Camper's LAST name \_\_\_\_\_

Camper's Date of Birth \_\_\_\_\_ Camper's Gender \_\_\_\_\_

Check the dates that most closely match WHEN your child will attend camp.

June 13-18 (Week 1)     June 27-July 2 (Wk 3)     July 11-16 (Week 5)     July 25-30 (Week 7)  
 June 20-25 (Week 2)     July 4-9 (Week 4)     July 18-23 (Week 6)

First & Last Name of custodial Parent/Guardian who is the primary contact for this camper \_\_\_\_\_  
*This is the parent/guardian(s) with whom the camper has primary residence and who is our primary contact.*

City and State of residence \_\_\_\_\_

Main phone of custodial Parent/Guardian \_\_\_\_\_ *include area code, (ex: 540-555-1234)*

Other phone of custodial Parent/Guardian \_\_\_\_\_ *include area code, (ex: 540-555-4321)*

Emergency Contact Information: *If we need to give important information to parent/guardian.*

Who to call if parent/guardian is not available? \_\_\_\_\_ Relation to camper \_\_\_\_\_

Their main phone \_\_\_\_\_ *include area code, (ex: 540-555-5678)*

Their other phone \_\_\_\_\_ *include area code, (ex: 540-555-8765)*

Who will pick up your child? Only list the first and last names of any adults you authorize to drive your camper home from camp.

**ALLERGIES & RESTRICTIONS:** List all known allergies and restrictions. Describe the severity of each including your child's reaction and the best management of the reaction. Describe the best accommodation, adaptations, or limitations of any restrictions. Attach additional paper if needed or send to [CampBethelOffice@gmail.com](mailto:CampBethelOffice@gmail.com). If none, leave blank or write NONE.

Food allergies \_\_\_\_\_

Medication allergies \_\_\_\_\_

Other or environmental allergies \_\_\_\_\_

Dietary restrictions for this camper \_\_\_\_\_

Restrictions or exemptions to camp activities \_\_\_\_\_

Other restrictions or health concerns \_\_\_\_\_

**MEDICAL HISTORY:** Describe any injury, illness, medical treatment, or surgery the camp should know in case of emergency.

**ADDITIONAL INFORMATION:** Describe other physical, emotional, or behavioral concerns, or any conditions requiring medication, treatment, or special restrictions or considerations while at camp.

**PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS:** In case of headaches, low grade fever, slight upset stomach, mild diarrhea, mild allergic reactions, aches and pains, or cold symptoms, the Camp Bethel Health Coordinator has my permission to administer the following to over-the-counter medications (or their generic) to my child: Benadryl, Cold/Cough Medicine, Ibuprofen, Imodium AD, Pepto Bismol, Sudafed, Tums Antacid, and Tylenol for Children.

YES to all.     Yes, but with these exceptions: \_\_\_\_\_     NO.

**MEDICATION NECESSARY DURING CAMP:** If camper will require medication during camp (prescribed, over-the-counter, as needed), you must indicate YES\* below AND complete the "Camp Bethel Medications Instructions" form on the next page.

This camper will NOT take medication during camp.

YES\* this camper requires medication, and I will complete the **Medication Instructions form** on the next page.

**VACCINATION & IMMUNIZATION HISTORY -OR- WAIVER:** If you voluntarily exempt this child from school-required immunizations OR if you voluntarily exempt yourself from providing proof of immunization, you must sign the waiver (#4) below if you do not check YES in #2 or do not provide tetanus date in #3. (As of the writing of this form, COVID vaccines are not yet approved for children under age 12.)

1. Is this camper vaccinated against COVID-19?  YES, or  No, **or**  I choose not to answer. (*Not required for attendance.*)
2. Are all immunizations required for public school attendance up to date for this camper? If you choose not to answer, you must sign the waiver in #4 below.  YES, or  I choose to sign the waiver in #4 below.
3. Month and Year of last tetanus shot. If you choose not to answer, you must sign the waiver in #4 below.  
 /  (MM/YYYY), or  I choose to sign the waiver in #4 below.
4. **Immunization Waiver:** If you did NOT check YES in #2 above or did NOT provide tetanus date in #3 above, please sign\* and date\*\* the following statement: **"I understand and accept the potential risks to one who is not fully immunized."**

Parent/Guardian signature\* \_\_\_\_\_, Date signed\*\* \_\_\_\_\_

\* \* \* \* \*

**GETTING TO KNOW YOUR CAMPER:** The following questions will help us ensure a quality camp experience for your camper.

Get your camper's opinion, remembering that our program focus is relational small-group community living, and your camper will spend all day each day with her/his group. Attach additional pages of helpful information.

**Check all that apply:**  Returning Camp Bethel Camper. *How many summers total, not including 2021?* \_\_\_\_\_

1st time at this camp.  1st overnight away from home.  Have attended other camp before.

Can swim in deep water.  Non-swimmer.

Camper's personality when living, playing, & working with others: \_\_\_\_\_

Camper's interests, hobbies, likes: \_\_\_\_\_

As your camper thinks about camp, what excites her/him? \_\_\_\_\_

What concerns her/him? \_\_\_\_\_

What outcomes from this experience do you hope for your camper? \_\_\_\_\_

How did you learn about Camp Bethel and/or get this form? \_\_\_\_\_

I/We chose Camp Bethel because... \_\_\_\_\_

Church membership, if any (not required for attendance) \_\_\_\_\_

### PARENT/GUARDIAN VERIFICATION OF CAMPER HEALTH & INFORMATION FORM:

*The following box must be signed by parent/guardian for camper attendance:*

**"I verify that the information on this Camper Health & Information Form is complete as far as I know. This form may be copied for camp records. I will provide updates (if any) to this information at check-in on the first day of camp."**

Parent/Guardian signature \_\_\_\_\_, Date signed \_\_\_\_\_

Printed name \_\_\_\_\_ Phone number \_\_\_\_\_

## CAMP BETHEL MEDICATION INSTRUCTIONS (Complete ONLY if your camper takes medication during camp.)

If you will be sending any medication for your camper to take during her/his time at camp, YOU MUST RECORD precise time and dosage instructions below and return this form to Camp Bethel. All camper medications must be checked in to our Medical Staff or Health Coordinator during check-in on the first camp day. All medications are stored and dispensed by the Health Coordinator unless special arrangements are made through the Health Coordinator and Camp Director. Only send enough medication for the camper's time at camp. Medications MUST be in the original, labeled packaging and container naming prescribing physician, camper name, medication name, dosage, and frequency instructions.

Camper's FIRST name \_\_\_\_\_ Camper's LAST name \_\_\_\_\_

**LIST ALL MEDICATIONS TO BE ADMINISTERED** to this camper that you will be transferring to our Health Coordinator at check-in. List names of medications (including non-prescription) and the reasons for taking.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE OF DOSAGES:** In the chart below, list the name of each specific medication. Under each medication, list the dose to give beside each day and specific time we should administer it to your camper. See the "Example Column." The Health Coordinator will initial the box for each specific time the dosage has been dispensed. The times listed in the chart correspond to meals: 8:00am breakfast, 12:30pm lunch, 5:30pm dinner; and bedtime 9:30pm.

| Write medication names here ==> |          | Medication #1          |                       | Medication #2          |                       | Medication #3          |                       | Medication #4          |                       | "Example Column"       |                       |
|---------------------------------|----------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|
|                                 |          | Dose to give each time | Health Coord initials | Dose to give each time | Health Coord initials | Dose to give each time | Health Coord initials | Dose to give each time | Health Coord initials | Dose to give each time | Health Coord initials |
| Sunday                          | 5:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 9:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
| Monday                          | 8:00 am  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
|                                 | 12:30 pm |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 5:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 9:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
| Tuesday                         | 8:00 am  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
|                                 | 12:30 pm |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 5:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 9:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
| Wednesday                       | 8:00 am  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
|                                 | 12:30 pm |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 5:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 9:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
| Thursday                        | 8:00 am  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
|                                 | 12:30 pm |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 5:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 9:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
| Friday                          | 8:00 am  |                        |                       |                        |                       |                        |                       |                        |                       |                        | 1 tablet              |
|                                 | 12:30 pm |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |
|                                 | 5:30 pm  |                        |                       |                        |                       |                        |                       |                        |                       |                        |                       |

**MEDICATION AS NEEDED:** List meds you are checking into the Health Coordinator in case they are needed AND a description of the condition for which you feel they should be administered plus the dosage.

\_\_\_\_\_

\_\_\_\_\_

## Camper 7-Day Pre-Screening Form, Camp Bethel, Summer 2021

You do not need to fill out this form **IF** you provide a copy/image (or forwarded email) of proof of your child's negative COVID test *OR* your child's Vaccination Record Card to [CampBethelOffice@gmail.com](mailto:CampBethelOffice@gmail.com), *OR* upload it at [CampBethelVirginia.org/health](http://CampBethelVirginia.org/health), *OR* provide paper copy at check-in upon arrival. (As of the writing of this form, COVID vaccines are not yet approved for children under age 12.)

**A parent or legal guardian must complete the chart and sign this form below.** Fill in the left column with your camper's name and the first name of every member of your household *OR* close contact (ex: in-home childcare). If someone who is not a member of the household will be bringing your camper to Camp Bethel, they also need to be listed and screened.

For the 7 days before your child's arrival at Camp Bethel, **CHECK EACH BOX** in the chart below if your child, everyone in their household, and anyone transporting them to or from camp meets the following **THREE** criteria:

**1. Experiencing NONE of these six known symptoms of COVID-19:** No fever (temperature 100.4 °F or higher) that lasts more than 24 hours; No fever PLUS respiratory issue not resolved by antihistamine (allergies) that overlap or last more than 24 hours; No diarrhea, No vomiting, No new onset of severe headache especially with a fever; No loss of smell and/or taste (especially in children).

**2. Have NOT had close, maskless contact** with anyone diagnosed with COVID-19 or anyone displaying symptoms listed above.

**3. Yes, you have adhered to your state and local guidelines regarding COVID-19** by masking when appropriate, physically distancing, washing your hands, and considering or getting a vaccination. Virginia state guidelines: <https://www.virginia.gov/coronavirus/>

|   | 7 days<br>before camp.<br>Date _____ | 6 days<br>before camp.<br>Date _____ | 5 days<br>before camp.<br>Date _____ | 4 days<br>before camp.<br>Date _____ | 3 days<br>before camp.<br>Date _____ | 2 days<br>before camp.<br>Date _____ | 1 day<br>before camp.<br>Date _____ | First Day of Camp is:<br>Date of first camp day:<br>_____ |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|---|
| <b>Camper's First &amp; Last Name:</b><br>_____ |                                      |                                      |                                      |                                      |                                      |                                      |                                     |   |
| Household Member #2:<br>_____                   |                                      |                                      |                                      |                                      |                                      |                                      |                                     | n/a   |
| Household Member #3:<br>_____                   |                                      |                                      |                                      |                                      |                                      |                                      |                                     | n/a   |
| Household Member #4:<br>_____                   |                                      |                                      |                                      |                                      |                                      |                                      |                                     | n/a   |
| Household Member #5:<br>_____                   |                                      |                                      |                                      |                                      |                                      |                                      |                                     | n/a   |
| Household Member #6:<br>_____                   |                                      |                                      |                                      |                                      |                                      |                                      |                                     | n/a   |
| Household Member #7:<br>_____                   |                                      |                                      |                                      |                                      |                                      |                                      |                                     | n/a   |
| Household Member #8:<br>_____                   |                                      |                                      |                                      |                                      |                                      |                                      |                                     | n/a   |
| Close Contact #9:<br>_____                      |                                      |                                      |                                      |                                      |                                      |                                      |                                     | n/a   |
| Close Contact #10:<br>_____                     |                                      |                                      |                                      |                                      |                                      |                                      |                                     | n/a   |
| <i>EXAMPLE ROW:</i><br>Uncle John S. _____      | <i>Check</i>                         | <i>Check</i>                         | <i>Check</i>                         | <i>Check</i>                         | <i>Check</i>                         | <i>Check</i>                         | <i>Check</i>                        | n/a   |

**What If?** If your child or a person listed above does **not** meet the above criteria on **any** of the 7 days before camp, take one or both of these two steps: (1) Contact your child's primary care provider for your child to be cleared for camp attendance, **AND** (2) provide Camp Bethel with a negative COVID-19 test performed within 3 days of your camper's arrival at camp. If you cannot receive a negative COVID-19 test before arrival, contact us at [CampBethelOffice@gmail.com](mailto:CampBethelOffice@gmail.com) to discuss options.

***"By signing this form, I acknowledge that I completed this health screening fully, daily, and to the best of my ability for the 7 days leading up to my child's arrival at Camp Bethel. I understand that arriving at Camp Bethel in good health is necessary for my child's safety and the safety of the entire Camp Bethel population."***

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date