

Cornerstone Evangelical Baptist Church
 801 Silver Ave, San Francisco, CA 94134
 (415) 587-7242 www.cebc.net

ADULT/FAMILY CAMP
 Session #1: June 25 - June 28, 2023
 Session #2: June 28 - July 1, 2023

Koinonia Conference Grounds* 1605 Eureka Canyon Road* Watsonville, CA 95076 * (831) 722-1472
Registration Cost: \$300 per Adult Camper, \$150 per child (up to age 11)
Please make checks payable to: Cornerstone Evangelical Baptist Church

Which session will you be attending?: session #1 (June 25 - June 28) <input type="checkbox"/> session #2 (June 28 - July 1) <input type="checkbox"/>			
Name:		Gender M / F	
Address:	Additional Camper #1:	Age:	Gender: M / F
City:	Additional Camper # 2:	Age:	Gender: M / F
Zip:	Additional Camper # 3:	Age:	Gender: M / F
Telephone:	Additional Camper # 4:	Age:	Gender: M / F
Fellowship/LIFE Group:	Additional Camper # 5:	Age:	Gender: M / F
In case of emergency, please notify: Name:	Planning to drive? Yes No If "YES", please fill out a driver form		
Cell Phone #:	Do you need a ride to camp? If "NO", who is your driver?		
Medical Insurance Co:	Do you need a ride from camp? If "NO", who is your driver?		
Medical Insurance #:			

PARTICIPANT/PARENT/GUARDIAN CONSENT AND AUTHORIZATION FOR HEALTH CARE: This health history is correct and the camper described has permission to participate in all activities, which may include the high ropes course, except as noted by me and/or the examining physician. I will not hold Koinonia Conference Grounds, Cornerstone Evangelical Baptist Church or its agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for this participant/child to participate in any offsite activities during camp and to be transported to and from any offsite activities, including emergency situations (if any) by authorized vehicles. Koinonia Conference Grounds and Cornerstone Evangelical Baptist Church has my permission to obtain a copy of my/my child's health record from the providers who treats me/my child. I understand that information about my/my child's health will be shared on a "need to know" basis with other Koinonia Conference Grounds and Cornerstone Evangelical Baptist Church Staff. I give permission to the physician selected by Koinonia Conference Grounds and Cornerstone Evangelical Baptist Church to order X-rays, routine tests and treatment for the health of myself/my child. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for myself/my child. This form may be photocopied. By signing below, I give permission to Koinonia Conference Grounds and Cornerstone Evangelical Baptist Church to use video or photography of me or my family members for promotional purposes.

I have completed the Health Care Information on the back of this form. Initial: _____

Participant/Parent/Guardian Signature: _____ Date: _____

Note: On Sunday, June 25th, please arrive at Koinonia Conference grounds no earlier than 3:00pm
On Wednesday, June 28th, please arrive at Koinonia Conference grounds no earlier than 3:00pm
 Special Circumstances - *Requires Camp Director's concurrence/approval* Camp Director's Signature
 (Including: late arrivals and early departures) Date

***** For Office Use Only *****

Payment Method: Check Amt. _____ Cash Amt. _____ Date _____ Comments/Notes _____

Scholarship Amt.: _____ Approved by: _____ Date _____

Participant's Name: _____

The information provided on this form will be used to brief kitchen staff about nutritional needs, educate Cabin Leaders & the Camp Director about camper needs, and provide Healthcare Staff with background about your child. Receiving adequate information at least two weeks prior to your/child's arrival is crucial to our ability to provide the proper supportive environment. Please read and complete this form thoroughly.

HEALTH HISTORY: To be completed and signed by participant/parent/guardian. Please keep a copy for your records and to record changes in your child's health status. Please notify Koinonia Conference Grounds in writing if there are any changes.

ALLERGIES: Please mark those that apply to this camper.

- This camper has no known allergies.
- This camper has an allergy to the following food(s): _____
Does this cause anaphylaxis? Yes No Unknown

Please describe allergic reaction (if any) and what steps are taken to manage it (attach additional information if needed): _____

NUTRITION: We are able to work with some medically prescribed diets but are unable to cater to individual food preferences. Please mark those that apply to this camper. Please call if you have any questions.

- This camper eats a regular, varied diet
- This camper is lactose-intolerant. (Our expectation is that the camper will bring his/her own supply of products (such as Lactaid) and will contact the nurse or health coordinator when the supplement is needed.)

CHRONIC CONCERNS: Please mark all that pertain to this camper and provide information about supportive health care.

- This camper has no chronic health concerns and is capable of full participation in this program.
- This camper has the following chronic health concern(s):
- Asthma Headaches Sleepwalking Diabetes
- Hearing Difficulties Menstrual Cramps Frequent ear infections Bedwetting
- Bee Sting Allergy Seizure Disorder Surgical History Fainting
- Fears/Phobias Other (please describe): _____

Please provide information about supportive health care needed for each marked item (if any): _____

If *Surgical History* is marked above, please explain: Date of Surgery: _____ Type of surgery: _____

Are all symptoms resolved? Yes No - Please explain: _____

Is the camper cleared by parent and physician for active camp participation? Yes No Record of immunizations _____
Date of last Tetanus shot: _____

Camper's Physician: _____ Office Phone: (____) _____

MEDICATIONS: All medications MUST be in original, pharmacy-provided containers and appropriately labeled. Please attach a note if the camper has been taking current dose for less than three months prior to arrival or if there are any changes.

- This camper does not take any medication.
- This camper takes daily medication:
 1. Medication: _____ Reason for Taking: _____
 - Dose Taken: _____ How often each day? _____

MEDICATIONS (continued):

The following medications, stocked in the Gauze Pad/Health Center, are used to manage illness or injury and dispensed as directed by our medical protocols. Generic form may be used. Please cross-out any medicine your camper **should not** be given:

Acetaminophen (Tylenol)	Aloe	Antacid	Bismuth Chewable Tablets
Calamine Lotion	Chamomile Tea	Cough Drops	Diphenhydramine (Benadryl)
Dramamine	Guaifenesin DM (Cough Med)	Hydrocortisone Cream	Ibuprofen (Motrin)
Insect Repellent	Iodine Swabs	Kaopectate/Anti-Diarrheals	Nix
Pepto Bismol	Pseudoephedrine	Tinactin	Triple Antibiotic Cream

MENTAL, EMOTIONAL AND SOCIAL HEALTH: Please mark YES or NO for each statement.

1. This camper has been diagnosed with ADD or ADHD Yes No
2. This camper has psychiatric diagnosis such as depression, OCD, panic/anxiety disorder Yes No
3. This camper has an emotional health concern Yes No
4. During the past academic year, this camper has seen or is currently seeing a professional to address mental/emotional health concerns. Yes No
If yes, please specify: _____
5. This camper has had a significant life event that continues to affect the camper's life Yes No
If yes, please provide written information about the event.

WHAT HAVE WE FORGOTTEN TO ASK? Please provide additional information about your child's health which may have been neglected on this form. We are particularly interested in information which has impact upon your child's ability to fully participate in our active camp program.