



# **PENIEL BIBLE CONFERENCE**

## **Camper Packet & Health Form**

We strive to make Peniel a safe place for our campers. One way we do that is by having you complete a health history for your child so that we may be better prepared in the event of an emergency. The health form is kept confidential and used by our health care staff (or emergency medical personnel). Every camper needs a completed health form to participate in any Peniel programs prior to sign in date. Please fill out this form as completely as possible. Thank you!

**PERMISSION TO LEAVE CAMP BY STATE LAW: WRITTEN PERMISSION IS REQUIRED FOR YOUR CHILD TO LEAVE CAMP WHEN NOT ACCOMPANIED BY THEIR LEGAL GUARDIAN. EMAILS ARE UNACCEPTABLE FOR PERMISSION.**

I, \_\_\_\_\_ (Guardian), hereby give permission for my daughter/son \_\_\_\_\_ to leave camp at the end of the week with:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**OR** To the discretion of the camp\*

(Check appropriate & initial the date of your campers attendance below):

	<u>Date</u>	<u>Event</u>	<u>Initials</u>
<input type="checkbox"/>	____ - ____	_____	_____
<input type="checkbox"/>	____ - ____	_____	_____

**Please sign and return , for those departing camp without guardians, written permission is required.**

\*By circling “to the discretion of the camp” above, you are allowing Peniel Bible Conference administration to determine if another parent is suitable to take your child off camp grounds during the normal Saturday & Sunday checkout times. This situation generally arises in circumstances where your child will wish to go off campus with a friend and their parents. If we do not have powers of discretion we will require a form of Written and signed consent to allow your child to leave camp grounds with someone not listed on the form.

The Permission to Leave Camp Form does not apply to faculty, administration, or counseling staff, who may chaperon students off campus to appropriate venues, as well as to a hospital or doctor if a medical emergency should arise.

(Print) Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

**If an emergency or situations arise where you will need to take your camper from camp; you will need to sign them out through the Medical Office/Health Officer (Infirmary/Nurse), and the Director MUST BE NOTIFIED BEFORE DEPARTURE.**

**NAME, ADDRESS & PHONE OF PARENT/GUARDIAN TO BE CONTACTED IN CASE OF AN EMERGENCY:**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Camper's Name:	_____
DOB:	_____
Street:	_____
City:	_____ State: _____ Zip: _____
Phone:	_____

**Camper Health Form (Pg 2)**

***Please attach copy of both sides of insurance card.***

**Must be attached**

Copy of front of insurance card

Copy of Back of insurance card

**Insurance Subscribers**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**HEALTH HISTORY**

*Please know that we value your privacy. Health History information is available only to the Health Officer. The HO may choose to inform the director or your child's counselors only when such knowledge would help your child have a more successful experience. Thanks!*

Does the camper have a history of or is prone to any of the following (Please check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Recent illness or infectious disease | <input type="checkbox"/> Chronic or recurring illness | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Homesickness                         | <input type="checkbox"/> History of Bed wetting       | <input type="checkbox"/> Sleepwalks           |
| <input type="checkbox"/> Nightmares / Night Terrors           | <input type="checkbox"/> Frequent Ear Infections      | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> Seizure Disorder or Convulsions      | <input type="checkbox"/> Hypertension                 | <input type="checkbox"/> Rheumatic Fever      |
| <input type="checkbox"/> Dizziness during or after exercise   | <input type="checkbox"/> Bleeding/Clotting Disorders  | <input type="checkbox"/> Mumps                |
| <input type="checkbox"/> Chest pain during or after exercise  | <input type="checkbox"/> Frequent Headaches           | <input type="checkbox"/> Hepatitis            |
| <input type="checkbox"/> Mononucleosis (in last 12 months)    | <input type="checkbox"/> Psychiatric Treatment        | <input type="checkbox"/> Head Injury          |
| <input type="checkbox"/> Diarrhea or Constipation             | <input type="checkbox"/> German Measles               | <input type="checkbox"/> Chicken Pox          |
| <input type="checkbox"/> Frequent Stomachaches                | <input type="checkbox"/> Tuberculosis                 | <input type="checkbox"/> Measles              |
| <input type="checkbox"/> Wears glasses or contacts            | <input type="checkbox"/> Joint problems               | <input type="checkbox"/> Fractures            |
| <input type="checkbox"/> Been Hospitalized                    | <input type="checkbox"/> Wears a Medic Alert ID       | <input type="checkbox"/> Eating Disorder      |
| <input type="checkbox"/> Heart Defect/Disease                 | <input type="checkbox"/> Cardiac Problems             | <input type="checkbox"/> Physical Restriction |

If so, please explain any checked above:

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**Special Dietary Needs**

*Peniel cannot provide a pure vegan, nut or gluten free kitchen, but these meals can be prepared and served.*

Are there any special dietary needs? \_\_\_\_\_

**Camper Health Form (Pg 3)**

Campers Name: \_\_\_\_\_

**ALLERGIES**

Camper does not have any Allergies

**Camper is allergic to:**  Environmental  Plants  Insect Stings  Medications  
 Foods  Latex  Other \_\_\_\_\_

List allergy. Describe reaction and treatment:

<i>Allergy:</i>	<i>Reaction:</i>	<i>Treatment:</i>

**MEDICAL CONTACTS**

Name	Address	Office	Fax
<i>Primary Care Provider:</i>			
<i>Dentist:</i>			

**IMMUNIZATION HISTORY**

Please attach your camper's immunization records. Tetanus Booster\* (dT or Tdap), Mumps, Measles, rubella\* (MMR), Polio\* (IPV) immunizations must be current. If you do not have any immunizations, please indicate the reason here:

\_\_\_\_\_

**Will your camper be taking medicated while at camp?**  YES  NO

Campers Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**If YES, please list any Rx(prescription), OTC( over the counter) medications, or Vitamins/Supplements used by camper:**

**ALL OF THESE MEDICATIONS MUST BE IN THEIR ORIGINAL BOX. ANY RX MEDICATION MUST HAVE THE PHARMACY LABEL ON IT.**

Drugs/Vitamins/Supplements	Route	Dosage	Schedule	Provider Order	Comments
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	

**Provider's Signature (for camper bringing medications)**

*If child is bring medication to camp, please have your primary care provider/Physician sigh this form as well. Provider's signature shall constitute order for over the counter medications to be given as needed per label instructions, and listed medications to be as per directions listed.*

Provider's Name (print): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Physician's Address: \_\_\_\_\_  
 Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Medication Instruction**

Please check here  giving Parental Permission for Peniel Staff to administer; P.R.N., sunblock and/or bug spray. If so please pack and label with your child's name in permanent marker. Peniel is not responsible for supplying any of the following P.R.N. Medications listed on page 4 of this form.

Please check here  giving you child permission to carry and use sunscreen at camp.

Please list any medications camper will be taking while at camp. Please list all medications prescription and non-prescription (; include over-the-counter, vitamins, inhalers, etc. ).

- All medication will be bagged and handed to the camp nurse at check-in.
- All medications need to be in their original containers and accompanied by a prescription with the following information: complete name of patient, date Rx filled, expiration date, directions for use, name and address of dispensing pharmacy, and name of Physician prescribing medication. If any attached
- Any Non-prescription must be in the original container with complete name of patient, and authorization and instructions for use from individual's physician. If any attached
- Please attach copy of both sides of insurance card on front page. Must be attached

**GUARDIAN and PARTICIPANT AGREEMENT**

**Please read and sign agreement below.**

- I certify that I am a parent/legal guardian of the camper named above, and as such, I hereby register and enroll said camper in the PENIEL BIBLE CONFERENCE for the period from. (please check appropriate dates & initial)

<u>Date</u>	<u>Event</u>	<u>Initials</u>
<input type="checkbox"/> _____ - _____	_____	_____
<input type="checkbox"/> _____ - _____	_____	_____
<input type="checkbox"/> _____ - _____	_____	_____

and I assume full responsibility for the registration and other costs incurred from said camper. I further hold harmless the owners and operators of said PENIEL BIBLE CONFERENCE, their employees, staff, and agents from any and all responsibility for the injury or illness, which may be experienced by said camper as a result of his/her enrollment at said camp.

- This information is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining health care provider. \_\_\_\_\_ GAURDIAN'S INTIALS
- I understand that (camper's name) \_\_\_\_\_ is fully responsible for the care and maintenance of any and all personal property he/she may bring to the PENIEL BIBLE CONFERENCE. Campers are required to make restitution for damages they cause to camp property or other camper/staff belongings. Any expenses for damage will be \_\_\_\_\_ GAURDIAN'S INTIALS
- I also understand that my child is not permitted to use the telephone, unless there is an emergency or permission is granted by the Camp Manager or Executive Directors. \_\_\_\_\_ GAURDIAN'S INTIALS
- I acknowledge that I have read and understand both the Rules and Procedures for Campers form and the Information Sheet for Parents and Campers. \_\_\_\_\_ GAURDIAN'S INTIALS

**Camper Health Form (Pg 5)**

Campers Name: \_\_\_\_\_

- *I will promptly pick up the participant if they develop an illness or fever 100 degrees. I hereby give permission to the physician selected by Peniel Bible Conference to order x-rays, routine tests, and treatment related to the health of the participant for both routine health care and in emergency situations. If I cannot be reached in an emergency, I hereby give permission to the physician selected by Peniel Bible Conference to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the participant.*  
\_\_\_\_\_ GAURDIAN'S INTIALS
- *I understand the information on this form will be shared as necessary with camp staff. I give permission to photocopy this form. Peniel Bible Conference has permission to obtain a copy of the participant's health record from providers who treat the participant and these providers may talk with the camp's staff about the participant's health status. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.*  
\_\_\_\_\_ GAURDIAN'S INTIALS
- *This child has my permission to fully participate at Peniel Bible Conference, 336 Lake Tour Road, Lake Luzerne NY 12846, including planned off campus activities to Peniel Bible Conference arrange necessary related transportation. I will be available by telephone if any situations arise that need my attention. Peniel may use this child's quotes, picture, and actions for multimedia publication & publicity (no names will be used).*  
\_\_\_\_\_ GAURDIAN'S INTIALS

**Signature of Parent/Custodial Guardian:**

\_\_\_\_\_ **Date:**

**Completed form and bring to registration with all *attachments*.**

*If you have any further questions please feel free to contact us at:*

**Peniel Bible Conference,**

PO Box 369 Lake Luzerne NY 12846, 518-696-4038,

Email: [office@penielbibleconference.org](mailto:office@penielbibleconference.org)



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**PENIEL BIBLE CONFERENCE**

Mailing: P.O. Box 369 ● Campus: 336 Lake Tour Road ● Lake Luzerne, NY 12846 ● Tel: (518) 696-4038

● Fax: (518) 696-7009 ● Email: [office@penielbibleconference.org](mailto:office@penielbibleconference.org)

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# **Meningococcal Disease**

New York State Department of Health Bureau of Communicable Disease Control

## **Information for College Students and Parents of Children at Residential Schools and Overnight Camps**

### **What is meningococcal disease?**

- Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

### **Who gets meningococcal disease?**

- Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningitis is prevalent.

### **How is the germ meningococcus spread?**

- The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

### **What are the symptoms?**

- High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

### **How soon do the symptoms appear?**

- The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

### **What is the treatment for meningococcal disease?**

- Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

### **Is there a vaccine to prevent meningococcal meningitis?**

- Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States.

### **Is the vaccine safe? Are there adverse side effects to the vaccine?**

- The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

### **What is the duration of protection from the vaccine?**

- After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

### **How do I get more information about meningococcal disease and vaccination?**

- Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, [www.health.state.ny.us](http://www.health.state.ny.us); the Centers for Disease Control and Prevention [www.cdc.gov/ncid/dbmd/diseaseinfo](http://www.cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, [www.acha.org](http://www.acha.org). Peniel Bible Conference does not offer meningitis vaccines for campers.

**INFO:pg21,7-2.8 (c)(1)(2).**