



FIRST BAPTIST CHURCH LUFKIN, TX  
**CAMP WINIWACA**

MEDICAL INFORMATION FORM  
PHONE # (936) 634-3386 EMAIL: DAN@FBCLUFKIN.ORG

STUDENTS (FULL) NAME: \_\_\_\_\_

STUDENTS PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STATE LAW REQUIRES THE BELOW INFORMATION ON EVERYONE.

INSURANCE COMPANY: \_\_\_\_\_ I.D. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

I hereby authorize (student's name) \_\_\_\_\_ to obtain medical care and services as well as hospitalization, if necessary, and that he/she will be taken to a local hospital and will be attended by a physician on call there. (NEED COPY of Card)

SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CONTACT PERSONS IF PARENT/GUARDIAN IS NOT AVAILABLE:**

1. \_\_\_\_\_ PHONE: \_\_\_\_\_

2. \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ARE YOU ALLERGIC TO ANY MEDICATION? \_\_\_\_\_ SO, PLEASE LIST BELOW: \_\_\_\_\_

MEDICATION YOU ARE CURRENTLY TAKING: \_\_\_\_\_

HAVE YOU EVER BEEN TOLD YOU HAD ANY OF THE FOLLOWING?:

\_\_\_DIABETES \_\_\_EPILEPSY \_\_\_ASTHMA \_\_\_HEART TROUBLE \_\_\_THYROID TROUBLE \_\_\_RHEUMATIC FEVER

IF THE ANSWER TO ANY OF THESE CONDITIONS IS YES, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING OVER-THE-COUNTER MEDICATIONS MAY BE ADMINISTERED BY THE CAMP NURSE IN ACCORDANCE WITH STANDARD LABEL DIRECTIONS:

TYLENOL, IBUPROFEN, ANTIHISTAMINE, DECONGESTANT,  
COUGH MEDICINE, ANTI-NAUSEA, ANTI-DIARRHEA

PLEASE LIST ANY MEDICATIONS YOU REQUEST NOT BE ADMINISTERED TO YOUR CHILD:

I, \_\_\_\_\_, UNDERSTAND AT CAMP MY STUDENT WILL PARTICIPATE IN ACTIVITIES THAT ARE NOT LIMITED TO LAKEFRONT BLOB, CANOES, PADDLEBOARDS, FISHING, HIKING, ROCK CLIMBING, ZIP LINES, ROPES COURSE, ARCHERY, CONTACT SPORTS, AND CAMP FIRE ACTIVITIES. I DO NOT HOLD FIRST BAPTIST CHURCH LUFKIN, TEXAS OR FOREST GLEN CAMPS LIABLE FOR INJURIES MY STUDENT MAY INCUR.

MY STUDENT ALSO AGREES TO FOLLOW THE RULES OF CONDUCT AND DIRECTION GIVEN TO ME BY ANY OF THE ADULT LEADERS OF CAMP. HE/SHE AND MYSELF UNDERSTANDS THAT IF HE/SHE CHOOSES NOT TO FOLLOW ANY RULES OF CONDUCT AND/OR DIRECTIONS GIVEN TO HIM/HER BY ANY LEADER OF CAMP THAT HE/SHE WILL BE SENT HOME WITHOUT A REFUND. IF HE/SHE BRINGS OR PARTICIPATES IN ANY ILLEGAL ACTIVITY (DRUGS/ALCOHOL) HE/SHE AND MYSELF UNDERSTANDS THAT THE POLICE WILL BE CALLED FIRST AND THEN PARENTS WILL BE NOTIFIED.

STUDENT SIGNATURE: \_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTES: PARENTS WILL BE CONTACTED IF THERE ARE MEDICAL PROBLEMS.**  
This form can be faxed to the Student Ministry at (936) 634-0524 or e-mailed to [dan@fbclufkin.org](mailto:dan@fbclufkin.org).

