



## Lake Lavon Baptist Camp

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Princeton, TX 75407  
972-736-2273  
Fax: 972-736-6670  
[www.lakelavoncamp.com](http://www.lakelavoncamp.com)

Dear Camper and Camper Parent:

We are very excited you are planning on attending summer camp at Lake Lavon. We are looking forward to another exciting summer. This letter will tell you everything you need to know to get ready for camp!!!!

### **Medical Form**

This is a very important form to come to camp with. It tells us everything we need to know about you so we can take care of you while you are here. You will find this form attached to this letter. A few things to note about this form-please fill it out completely and in as much detail as possible. Make sure to either write in or attach a copy of your shot record. We appreciate it very much!

### **Camp Information**

Make sure to click on all the links on your camp's webpage and read any additional information provided there. This additional information will be schedules, bible studies and information from the Camp Director. All of this is very important so make sure to thoroughly read it.

Once again we are so excited that you are coming to camp. Get ready for a fun filled week!!!! If you have any questions please contact your camp director or our staff at Lake Lavon, you can do this by emailing us at [lakelavonsummercamp@gmail.com](mailto:lakelavonsummercamp@gmail.com)

The Lake Lavon Staff

# MEDICAL FORM CAMPER

Attendance Dates \_\_\_\_\_

## CAMPER PERSONAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Parent/Guardian Name(s) \_\_\_\_\_  
 Sex M  F  Grade Completed \_\_\_\_\_ Address \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Birth Date \_\_\_\_\_ (Mom) Work Phone # \_\_\_\_\_  
 Church Member \_\_\_\_\_ (Dad) Work Phone # \_\_\_\_\_  
 What Church \_\_\_\_\_ Pager/Cell Phone # \_\_\_\_\_  
 With What Church are you attending Camp? \_\_\_\_\_ Emergency # (OTHER THAN PARENT) \_\_\_\_\_

**I promise to obey all camp rules and will cooperate with fellow campers and staff**

Camper's Signature  
 X \_\_\_\_\_

## CAMPER HEALTH CARE INFORMATION

Health requirement are **mandatory** per **Texas Youth Camp License** issued by TDH (Texas Department of Health)

Medical History	Treatment Procedures	Medications	Medication Authorization
<p>Please list family physician and health insurance information in the space provide on the back of this form. You may attach a photocopy of your health insurance card.</p> <p>Also, provided on the back of this form are tables to list both camper's medical history and shot record. Shot record requires type of shot and dates, same as Texas Schools.</p> <p><b>Merely saying "current" will not be sufficient (TDH requirement)</b></p>	<p>Lake Lavon has a first aid station which is available 24 hours each day for camper use. Further treatment is provided through a local physician. Parent will be notified whenever off campus care is required.</p>	<p>Campers are not allowed to bring either prescription non-prescription medications for self-administration. All prescription medications must be taken to the Lake Lavon Health Center for administration in accordance with the doctor's prescription and parent's instructions on the back of this form.</p> <p>Non-prescription pain medications and first-aid supplies are available to campers at the Health Center. Please list allergies.</p>	<p>Will your camper be taking prescription drugs or non-prescription medication while at camp?  <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>          If "yes" please complete and initial the "Dosage/Time Chart" on the back of this form. When parent/guardian signs the "Family Authorization" agreement below, they are giving permission for the Lake Lavon health staff to administer needed medication and to assure further care as required.</p>

## CAMPER FAMILY AUTHORIZATION

In consideration for Lake Lavon agreeing to accept the above-named individual as a camper, I/We hereby assume all risk in connection with participation in the above name Christian camp. I/We further release and hold harmless, Lake Lavon Baptist Encampment, its trustees, employees, agents, and representatives for any injury, harm, or damage arising out of my child's participation in any form or fashion in the camp. I/We authorize medical and surgical treatment for my child as may be needed in the judgment of the treating physician (physician chosen by the Lake Lavon Administrator or an employee working under him). I/We authorize the Lake Lavon health staff to administer medication as prescribed and programmed on the "Dosage/Time Char" on the back of this form. I/We further understand that only limited secondary accident and illness coverage is provided by Lake Lavon for off-campus health care needs through doctor, hospital emergency room or ambulance service (claims must be filed within 12 months of the date of injury). I/We give permission to Lake Lavon Baptist Encampment to use pictures of my child in promotional material as well as on the website.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

