



Three Wooden Crosses Cowboy Church
P.O. Box 533 Augusta, KS 67010
Rodeo Bible Camp Health Form

2026

Event _____

Leader _____

Camper Information

Name: _____ Age: _____ Weight: _____ Gender: ___ M ___ F

Emergency Contact Name/Number: _____

Is the camper in good general health and able to participate in all normal rodeo bible camp activities?

___ Yes ___ No If not, please explain: _____

Does the camper have glasses or contacts? Yes ___ No ___

Are they with them at camp? Yes ___ No ___

Medication	Reason	Time of Administration

OTC (Over the counter) Medications. Three Wooden Crosses provides the following OTC Medications; therefore, campers do not need to supply them. Please indicate which medications may be administered while the child is at camp. Only medications marked "Yes" and determined to be necessary will be administered at the discretion of the camp nurse. **Please Initial**

OTC Medication	Yes	No
Tylenol/Acetaminophen		
Advil/Ibuprofen		
Benadryl		
Triple Antibiotic Ointment		
Sunscreen		

Allergies. Please list all food, environmental, or medication allergies that the camper has.

Medical:
Food:
Environmental:

Has the camper experienced any anaphylactic reactions? ___ Yes ___ No

Please explain: _____

Does the camper have an EpiPen? ___ Yes ___ No

Camp Nurse: Gigi Palmer 316-648-5655

Any camper found to be self-administering ANY medications could be grounds for camp dismissal

Rodeo Bible Camp Medical Release Form

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I, _____, hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, _____, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization; and to provide or arrange necessary related transportation in an individual's car or church-provided van for my child. I also agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

If the person named herein is a minor, it is my intention that representatives of the camp be considered 'personal representatives' for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for the named person. This completed form may be printed for trips out of camp.

Parent/Guardian Signature: _____ Date: _____