

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

**CEBC YOUTH CAMP**  
 Monday, June 10, 2024 to  
 Saturday, June 15, 2024

**Redwood Christian Park\* 15000 Two Bar Road, Boulder Creek, CA 95006\* (831)338-2134**  
**Registration Cost: \$500 paid by May 31, 2024**  
**Please make checks payable to: *Cornerstone Evangelical Baptist Church***

Name		Gender	M / F
Address		Cross Streets	
City		Zip	
Telephone		Birth date:	
Grade('23-'24 school year): 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		Friend of:	
School			
<b>In case of emergency, please notify:</b>			
Father's Name:		Mother's Name:	
Daytime Phone #:		Daytime Phone #:	
Cell Phone #:		Cell Phone #:	
Medical Insurance Co:		Medical Policy #:	

**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 Redwood Christian Park, 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 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. Redwood Christian Park and Cornerstone Evangelical Baptist Church has my permission to obtain a copy of my child's health record from the providers who treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other Redwood Christian Park and Cornerstone Evangelical Baptist Church Staff. I give permission to the physician selected by Redwood Christian Park and Cornerstone Evangelical Baptist Church to order X-rays, routine tests and treatment for the health of 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 my child. This form may be photocopied. By signing below, I give permission to Redwood Christian Park and Cornerstone Evangelical Baptist Church to use video or photography of my child for promotional purposes.

**I have completed the Health Care Information on the back of this form.** Initial: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: On Monday, June 10<sup>th</sup>, drop off child and luggage at 801 Silver Ave. by 9:00am**  
**On Saturday, June 15<sup>th</sup>, your child will be driven to 801 Silver Ave. (Cafetorium) by 12 noon**

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 \_\_\_\_\_

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 parent or guardian. Please keep a copy for your records and to record changes in your child's health status. Please notify Cornerstone Evangelical Baptist Church 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): \_\_\_\_\_

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? \_\_\_\_\_

**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 an impact upon your child's ability to fully participate in our active camp program.