**Cornerstone Evangelical Baptist Church**
**801 Silver Ave, San Francisco, CA 94134**
**(415) 587-7242** **www.cebc.net**

# *CEBC YOUTH CAMP*

***Monday, June 9, 2025 to***
***Saturday, June 14, 2025***

**Redwood Christian Park* 15000 Two Bar Road, Boulder Creek, CA 95006* (831)338-2134**
**Registration Cost: $500 paid by May 25, 2025**
**Please make checks payable to: *Cornerstone Evangelical Baptist Church***

| | |
|---|---|
| Name | Gender M / F |
| Address | Cross Streets |
| City | Zip |
| Telephone | Birth date: |
| Grade('24-'25 school year): 6th 7th 8th 9th 10th 11th 12th | Friend of: |
| School | |
| **In case of emergency, please notify:** 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 9th , drop off child and luggage at 801 Silver Ave. by 9:00am**
**On Saturday, June 14th, your child will be driven to 801 Silver Ave. (Cafetorium) by 12 noon**

Special Circumstances - *Requires Camp Director's concurrence/approval*
(Including: late arrivals and early departures)

Camp Director's Signature

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/sensitivity 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.