



2007 Camper Profile and Medical Release

**To be filled out by Parent/Guardian and
Postmarked by: March 1, 2007**

Please STAPLE a small, recent photo here.

On the back of photo please write:
Camper Name
Camp Attending
Session #

This profile and photo will be disposed of after camp.

Mail to: T Bar M Camps * 2549 Hwy 46W * New Braunfels, TX 78132
DO NOT FAX. Forms from last year are not valid for this year.

**Each camper must have a physical exam by a Physician, Nurse Practitioner, or
Physician's Assistant within 24 months of attending camp.**

Camper's First Name _____ Camper's Last Name _____

Camper's Birth Date ____-____-____ Grade Completed by Camp ____ Gender ____ # of previous years at T Bar M ____

Camper's Preferred E-mail Address _____

Roommate Request _____ Camper's Current School _____
(Only 1 will be considered; must be in same grade or one grade apart and should request each other. We cannot guarantee any request.)

Home Address _____

City _____ State _____ Zip Code _____ Home Phone # ____-____-____

Father's First and Last Name _____ Work # ____-____-____ Cell # ____-____-____

Mother's First and Last Name _____ Work # ____-____-____ Cell # ____-____-____

Parent E-mail Address _____

Church You Attend _____ Denomination _____

Are both parents living? Yes No Camper is living with:
 Both Father Mother Other _____

In case of emergency, contact: (NOTE: This information should be different than the parents.)

Name _____ Phone # ____-____-____ Relationship _____

PARENT/GUARDIAN AUTHORIZATIONS AND MEDICAL RELEASE

I hereby give permission for my camper to participate in all camp activities, including but not limited to off campus activities as follows: SC campers who have completed the 6th grade will take an off property trip. CT one-week campers in the oldest cabins will take an off property trip. All CT Extreme campers may take a trip off property.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my child, named above.

I hereby release the Center for Christian Growth, T Bar M Camps, and/or T Bar M Inc. and its Directors/Owners and employees from any and all liability due to injury, etc. and realize that the camp activities in which my child will be participating involve a high degree of physical exertion and activity (including Paintball for Camp Travis campers).

I have read, understand and agree with the cancellation policy found in the parent packet folder.

I understand that while participating in normal camp activities my child may be photographed/videotaped and that these photos/video footage may be used for promotional purposes.

I, the parent/guardian of the above listed camper, hereby certify that he/she **has met the requirement for a physical exam** conducted by a Physician, Nurse Practitioner or Physician's Assistant **within 24 months of his/her camp session in 2007** OR will complete this requirement prior to his/her arrival to camp. I understand that this is a requirement and is not optional, and acknowledge this requirement by signing below.

NOTE: If your child routinely **takes prescription medications** or has a **chronic concern**, we must have a copy of their physical, dated within two years of their camp session. The enclosed physical form may be used, or you may attach a copy of a previously completed physical.
(mm/dd/yr)

The above listed camper had a physical exam on _____ or will have an exam before his/her camp session. I agree to make T Bar M aware of all known health issues and **will give in writing any additional information regarding changes in health that occur between now and his/her camp session.

To the best of my knowledge, all information provided is accurate and complete.

PARENT/GUARDIAN SIGNATURE REQUIRED:

DATE:

Over →

Camper Name: _____
(Last, First)
Gender: M F
(circle)
Camp: SC CT DC
(circle)
Session: _____

ALLERGIES (List all known.)

Medication _____	Reaction and Treatment _____
_____	_____
Food _____	Reaction and Treatment _____
_____	_____
Other (include plant, insect, etc.) _____	Reaction and Treatment _____
_____	_____

MEDICATIONS (Please Note: Campers taking daily prescription medications MUST return a physical form completed and signed by a Physician.)

This Camper does NOT take any medications on a regular basis (If so, see Physical Form).

List all prescription and non-prescription medications taken on a regular basis. Medications must be turned in to the Nurse by the Parent/Guardian on opening day, and will not be accepted without a pharmacy or manufacturer's label. Attach a separate sheet if necessary.

Medication 1 _____	Medication 2 _____
Reason taken _____	Reason taken _____
Dose taken _____	Dose taken _____
Time taken each day _____	Time taken each day _____

CHRONIC CONCERNS (Please Note: Campers with chronic concerns MUST return a physical form completed and signed by a Physician.)

This Camper does NOT have any chronic health concerns (If so, see Physical Form).

List ALL health concerns and provide necessary information for treatment of or steps that may need to be taken while at camp to manage your Camper's health. Concerns may include (but are not limited to): asthma, diabetes, severe allergic reactions, frequent ear infections, seizures, Tourett's, special diets, etc. Attach a separate sheet if necessary.

REQUIRED IMMUNIZATION Date of last DTP or Td: Month _____ Year _____

A SPECIAL NOTE REGARDING INFORMATION ABOUT YOUR CHILD

We pray that every camper will have a smooth and happy adjustment to camp. Our experience has shown that prior knowledge about your child can be a crucial factor in being sensitive to their needs. Children frequently use their behavior rather than words to tell us what's bothering them; advanced knowledge of any areas of difficulty for your child helps us immensely in understanding the message of his/her actions. The information you give us will be held in confidence and will only be used to help us better meet the needs of your child while at camp.

Will this be your child's first time away from home? Yes No

Is there any information about your child that might be helpful to their counselors or our Directors? _____
