

# OKLAHOMA FWB CAMPS HEALTH/REGISTRATION FORM

13413 E 106TH St. N  
Owasso, OK 74055

CIRCLE: TEEN KBA    TEEN ALVA    KIDS CAMP  
 Church \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 CIRCLE: CAMPER    SPONSOR    PRECAMPER

CAMPER'S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_M\_\_\_\_F  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 S.S.# \_\_\_\_/\_\_\_\_/\_\_\_\_ CDIB# \_\_\_\_\_ (PLEASE SEND PHOTO COPY)  
 HOME PHONE# (\_\_\_\_) \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_ Relationship \_\_\_\_\_  
 EMAIL (most frequently checked) \_\_\_\_\_  
 EMERGENCY PHONE# (\_\_\_\_) \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_ Relationship \_\_\_\_\_

## HEALTH INFORMATION

Allergies \_\_\_\_ No \_\_\_\_ Yes If yes, list what you are allergic to: \_\_\_\_\_  
 Medicine(s) you are presently taking: \_\_\_\_\_  
 Date of last tetanus shot: \_\_\_\_\_ Are you current on all your shots: \_\_\_\_Yes \_\_\_\_ No  
 Are there any special conditions/health problems that we should be aware of: \_\_\_\_Yes \_\_\_\_ No  
 If yes, please explain: (use the back of this paper if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 Your physician's name: \_\_\_\_\_ Office Phone# \_\_\_\_\_

## Permission to receive medical help for camper if needed.

I/we \_\_\_\_\_, parent/guardian of the above named camper, hereby give consent to provide this with emergency care, and/or hospitalization for any accident or illness which occurs while attending Kiamichi Baptist Assembly, and also give permission to transport camper to and from localities where such health services are provided.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Statement: (must be signed by parent/guardian and camper)*

We have read or have had read to us the KBA/Alva guidelines, rules and regulations. We agree that the above named camper will follow these rules while camping at KBA/Alva. We understand that KBA/Alva is not the responsible party for the supervision of the campers, but it is the responsibility of the church or group bringing them to the KBA/Alva campgrounds.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent/Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Camper

### Health Insurance Information

**Camp Ins. Coverage: (KBA Only)**  
 American Income Life Insurance  
 P.O. Box 50158  
 Indianapolis, IN 46250  
 1-800-849-4820

Accident coverage limit: \$2,500  
 Sickness coverage limit: \$750  
 Dental coverage limit: \$300

**Personal Ins. Coverage: (your insurance)**  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Policy#: \_\_\_\_\_