Butman Methodist C	<u>amp</u>		For office use only
2021 Camper Regis	tration Form	Check #	\$\$ Amount of check this camp
Mail to: Camp Registrar	Phone: 325-846-4212	Check From:	Amount of check this camp
158 County Rd. 674 Merkel, TX 79536		Check#	\$\$ Amount of Check this campo
Werker, IX 79330	Web Site: www. butmar	ncamp.org Check From:	Amount of Check this campe
Registering For: Please check			
Camper Fees Postmarked on o ☐ New Dawn II (June 28-July		March 22 nd \$315.00	After March 22 nd \$328.00
(for intellectually challenged a	,	ψ313.00	ψ320.00
Registrations must be completed and s your home church about this possibilit Medical Form and registration fee mus	signed by the parent/guardian. M y. Please have pastor or approp t accompany the Registration Fo	riate staff person sign registration orm, or forms will be returned for c	r youth pay for camp. Please contact form. The signed and completed ompletion.
Please Print Legibly	***Please P	rint Legibly***	***Please Print Legibly
Camper Name			
	First (goes by)	Middle Initial	Last
Home Address	Street or Box Number	City	State Zip
Gender (M) (F) Age at Car	mp Home Ph# () Cel	l # ()
Birth Date Car	nper e-mail		
What Church did you come to cam	p with?		
Church Address			
Church Address			State Zip
Pastor's Name(Please pi	int)	_ Phone# ()	
Parent/Guardian/Mother			
Address(If different		_ Address	ent from Camper)
Home Ph# ()		_ Home Ph# ()	
Work Ph# ()		_ Work Ph# ()	
Cell Ph# ()		_ Cell Ph# ()	
Parent/Guardian Email:			
Emergency Contact:		Phone #	
Relationship to Camper:		Who will pick up camper	
Does camper have an incarcerate	ed parent/loved one? Ye	es O No O	
bocs camper have an incarcera			
·	ed one		
Name of incarcerated parent/lov			
Name of incarcerated parent/love	lease)	te preference not available for can	
Name of incarcerated parent/love	lease)	te preference not available for can ted to: swimming, hiking, sports, wa other ordinary risk incidental to the agents harmless from any and all lia per, taken during activities at camp, 's web site.	npers registered onsite.) ter slide, group games, Ropes Course camp setting and will hold the NWTX bility. I hereby grant permission to But for publicity purposes, in advertising

Camper Medical Form

Hep B - Repatitis B OTP - diphtheria, tetanus, and portussis (or) OTa - diphtheria and retanus (or) Td - tetanus and diphtheria, retanus, and acollular pertussis (or) Td - tetanus and diphtheria Hb - Haamophisis influenzas type b PCVT - pneumococcal conjugate virus IMMR - meastes, mumps, and rubella Varicella - chickenpox MMR - meastes, mumps, and rubella Varicella - chickenpox MRF - pneumococcal polysaccharide virus HPV - pneumococcal polysaccharide virus PPV - pneumococcal polysaccharide virus PPV - pneumococcal polysaccharide virus HPV - fluenzia Officer of the polysaccharide virus PPV - pneumococcal polysaccharide virus HPV - pneumococcal vaccine) FIU - influenza Officer of the polysaccharide virus HPV - pneumococcal polysaccharide virus Health History: Circle and give approximate date (molyr) where applicable Health History: Circle and give approximate date (molyr) where applicable Health History: Circle and give approximate date (molyr) where applicable Health Problems Diseases Diseases Allergies - please list all Health Problems Diseases Net - Pericellin Disease Net - Senson begun mensituation? Polyred - Officer Polyred - problems of th	Immunization History: Please r				
DTP — diphtheria, tetanus, and pertussis (or) DTaP — diphtheria and tetanus (or) Td — tetanus and diphtheria Hib — Haemophilis influenzae type b PCVT — pneumococcal conjugate virus IPV — inactivated poliovirus MMR — measles, mumps, and rubella Varicolta — chickenpox TB Test — tuberculin test PPV — pneumococcal conjugate virus IPV — inactivated poliovirus MMR — measles, mumps, and rubella Varicolta — chickenpox TB Test — tuberculin test PPV — pneumococcal polysaccharide virus HPP — Protein — pneumococcal polysaccharide virus HPP — Protein — pneumococcal polysaccharide virus HPP — Prememococcal polysaccharide virus HEP — Prememococcal polysaccharide virus HER — Realth Problems Diseases Inst premococcal virus HEP — Prememococcal virus HEP — Prememococcal virus HEP — Prememococcal virus HEP — Prememoco				mmunization	Year of Last Booster
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Medical Insurance Company	Please Note: Camper's insurance coverage, nas under separate, private, or group plans.		·		limited basis to any other coverage carr
Policy# Group#					
	² olicy#		Group#		

Butman Methodist Camp

Camper Medication Form for:

	,
Please Note: All prescription medications must be in the original prescription	
containers with Camper's name and dosage clearly marked on the container.	<u>Please</u>
put dosage and at what time to give.	

(Camper's Name)

<u>Important: Insulin dosages must be included and must be clearly readable. Make sure the medication name matches what is on the bottle</u>

Medication Name/mg	Dosage	Before Breakfast	Breakfast	Lunch	Afternoon	Dinner	Evening
EXAMPLE: BENADRYL	12mg	1 tab					2 tabs
EXAMPLE: TYLENOL	10mg			AS NE	EDED		

CAMP NEW DAWN II HEALTH EXAMINATION FORM

RETURN TO: Butman Camp Registrar 158 CR 674

Date:

Merkel, TX 79536

Please have parent/guardian and physician complete appropriate sections of this form <u>in full</u> before mailing. The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. <u>Everything must be completely filled out or form will be returned.</u>

Camper Name:

above.

RECOMMEND	OATIONS AND RESTRICTIONS N *This section must be			n is considered o	complete.
Is camper on a					
Is camper on a	ny special medicine?	Yes _	No	Explain	
Is camper on a	ny new medication?	Yes	No	Explain	
Is medicine be	ing sent by parent/guardian?	Yes _	No	Explain	
Restrictions on	swimming, diving?	Yes _	No		
Restrictions on	strenuous activity?	Yes _	No	Explain	
Is camper able		Yes			
·	to sleep in an upper bunk?	Yes			
Is camper able		Yes _			
Does camper v		Yes _			
Is camper an e		Yes			
Does camper v	•	Yes _			
·					
·	smoke or chew tobacco?	Yes _		•	
Is camper able	to read?	Yes _	No	Explain	
Does camper h	nave incontinence problems?	Yes _	No	Explain	
Is camper a sle	eepwalker?	Yes _	No	Explain	
Does camper v	wear protective garments (i.e. Dep	oends)	Yes	No Explain _	
•	irt Size S M L XL XX				
Brush Teeth	Totally Independent	Pa	artially Ind	ependent	Dependent
Bathing					
Dressing					
Eating					
Toilet Usage					
has my permis	sion to engage in all prescribed c	amp activities	s, except a	as noted by me ar	and the person herein described and the examining physician. In the physician, selected by the camp

director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the person named

Parent/Guardian Signature: ______ Date: _____

MEDICAL EXAMINATION To be filled out by licensed physician

This examination should be performed within 12 months before arrival at camp. You may attach a current physical (if it occurred in the last 12 months) as long as it contains the same information as below. Examinations are necessary for determining fitness/ability to engage in all activities.

	Date Examined:	
Iress:	Telephone: ()	
sician Signature:	Date:	
AVE EXAMINED THE PERSON HEREIN DESCRIBED OPINION THAT HE/SHE IS PHYSICALLY ABLE TO EDVE.	AND HAVE REVIEWED HIS/HER HEALTH HISTORY. ENGAGE IN CAMP ACTIVITIES, EXCEPT AS NOTED	. IT I
Comments.		
Commente		
Special considerations:		
If so, is her menstrual history normal?		
	If not, has she been told about it?	
Abdomen		
Heart Lungs		
Throat		
Nose		
Ears		
Glasses	Posture (spine)	
Eyes	Extremities	