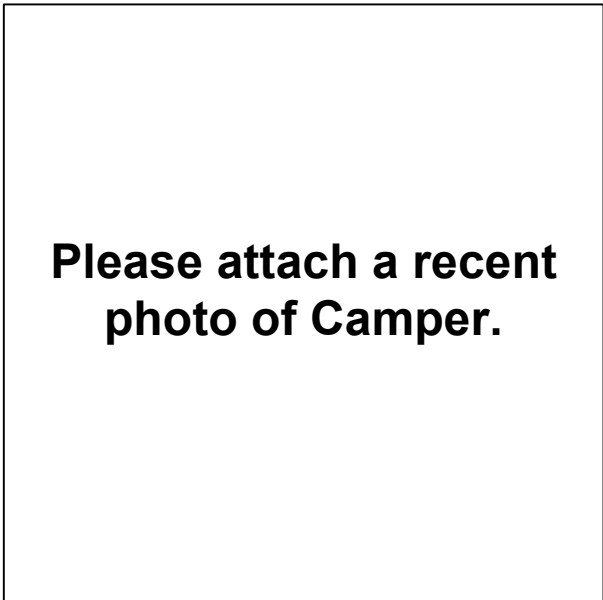


Bridgeport Camp & Conference Center  
North Texas Conference of the  
United Methodist Church

This form is provided to camp counselors as  
background information  
for working with your Camper.



# SEEK Camper Profile

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M / F

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ His Wk Phone \_\_\_\_\_ His Cell \_\_\_\_\_

Her Wk. Phone \_\_\_\_\_ Her Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

Names and ages of family members: \_\_\_\_\_

\_\_\_\_\_

Name and location of church family attends: \_\_\_\_\_

Handicapping Conditions (please describe): \_\_\_\_\_

\_\_\_\_\_

How does Camper Communicate? \_\_\_\_\_

Describe Camper's Motor Skills: \_\_\_\_\_

\_\_\_\_\_

Does Camper need assistance getting around? \_\_\_\_\_ What kind? \_\_\_\_\_

Can Camper: Button?\_\_\_\_ Lace?\_\_\_\_ Tie?\_\_\_\_ Comb hair?\_\_\_\_ Shampoo?\_\_\_\_ Undress? \_\_\_\_

Has your Camper ever been away from home alone? Yes / No \_\_\_\_\_

Has your Camper ever been to camp? Yes / No \_\_\_\_\_

What activities does your Camper enjoy alone? \_\_\_\_\_

What activities does your Camper enjoy in a group? \_\_\_\_\_

What activities does your Camper not like or is afraid of? \_\_\_\_\_

How does your camper get along with adults? \_\_\_\_\_

How does your Camper get along with other children/youth? \_\_\_\_\_

Are there behavior problems or concerns that you have specific ways of handling? Would you like for us to continue this? We ask because we feel that being consistent in our expectations of the Camper is only fair.

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**Self Care:**

Can Camper shower? \_\_\_\_\_ Can Camper shower self alone? \_\_\_\_\_

Needs supervision only \_\_\_\_\_ Must be bathed? \_\_\_\_\_

Any special props or devices needed for Camper in the shower? \_\_\_\_\_

Can Camper brush teeth? \_\_\_\_\_ Needs assistance/directions? \_\_\_\_\_

Is Camper completely toilet trained? \_\_\_\_\_ Can go alone? \_\_\_\_\_

Wipes self? \_\_\_\_\_ Needs supervision? \_\_\_\_\_ Self-catheterization? \_\_\_\_\_

Needs catheterization help? \_\_\_\_\_ Any specific instructions? \_\_\_\_\_

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Words or signs that Camper uses to indicate toilet needs? \_\_\_\_\_

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**Eating Habits:**

Needs NO help \_\_\_\_\_ Needs some help \_\_\_\_\_ Needs much help \_\_\_\_\_

Instruction if help is needed (please explain in detail): \_\_\_\_\_

Left or Right handed? \_\_\_\_\_ Position while eating? \_\_\_\_\_

Additional information (please describe how you handle any special eating problems): \_\_\_\_\_

Chokes easily? \_\_\_\_\_ Chews well? \_\_\_\_\_ Not well? \_\_\_\_\_ Other \_\_\_\_\_

Can Camper wash hands before meals? \_\_\_\_\_ Needs help? \_\_\_\_\_

Specific foods Camper likes? \_\_\_\_\_

Specific foods Camper dislikes? \_\_\_\_\_

**Dressing Habits:**

Can camper dress self? \_\_\_\_\_ Appropriately selects clothes? \_\_\_\_\_

Needs supervision? \_\_\_\_\_ With what? \_\_\_\_\_

Is there anything else that you would like us to know about your Camper that could help us make his/her experience even more enjoyable?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Female Campers only**

Care during menstrual periods:

Has Camper begun menstrual periods? \_\_\_\_\_ Can Camper manage without help? \_\_\_\_\_

Needs supervision? \_\_\_\_\_ Needs help? \_\_\_\_\_ Exactly what help? \_\_\_\_\_

# SEEK Camp Medical Form

Camper Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Camper SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender M / F Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ His Wk Phone \_\_\_\_\_ His Cell \_\_\_\_\_

Her Wk. Phone \_\_\_\_\_ Her Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physician Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Orthodontist Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Insurance Carrier/Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

SS # of Policy Holder \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

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# Medical Information

Attach a copy of Immunization Record and copy of your Insurance Card to Camp Form

Adequate disclosure of health history is crucial in providing the best care to your child. We want to provide a supportive, safe, and healthy camp environment to all campers and staff.

## Allergies – List all known:

Medical Allergies	_____	Reaction & Treatment	_____
	_____		_____
Food Allergies	_____	Reaction & Treatment	_____
	_____		_____
Other Allergies	_____	Reaction & Treatment	_____
	_____		_____
	_____		_____

## General History – Circle the appropriate response for each statement:

Yes / No      This Camper has had chicken pox or varicella vaccination.  
Yes / No      This Camper has had mononucleosis in the past 12 months.  
Yes / No      This Camper has a history of illness, injury, or surgery which will affect participation.  
If yes, please explain: \_\_\_\_\_

## Medication

Please list all prescription medication, over-the-counter, and non-prescription drugs taken regularly. Fill in all blanks completely. Bring enough to last all week. All drugs must remain in their original containers.

- This Camper does not take any medications on a regular basis.
- This camper takes routine medication as follows:

Medication 1 \_\_\_\_\_  
Reason \_\_\_\_\_  
Dose taken \_\_\_\_\_  
When taken each day \_\_\_\_\_

Medication 2 \_\_\_\_\_  
Reason \_\_\_\_\_  
Dose Taken \_\_\_\_\_  
When taken each day \_\_\_\_\_

Medication 3 \_\_\_\_\_  
Reason \_\_\_\_\_  
Dose taken \_\_\_\_\_  
When taken each day \_\_\_\_\_

Medication 4 \_\_\_\_\_  
Reason \_\_\_\_\_  
Dose Taken \_\_\_\_\_  
When taken each day \_\_\_\_\_

Medication 5 \_\_\_\_\_  
Reason \_\_\_\_\_  
Dose taken \_\_\_\_\_  
When taken each day \_\_\_\_\_

Medication 6 \_\_\_\_\_  
Reason \_\_\_\_\_  
Dose Taken \_\_\_\_\_  
When taken each day \_\_\_\_\_

**Chronic Concerns** – Check all that apply to your camper and provide any helpful information for care.

- This Camper has NO chronic health concerns and is capable of full participation at camp.
- This Camper has the following health concern(s):
  - \_\_\_ Asthma (even if inhaler is only used occasionally) \_\_\_\_\_
  - \_\_\_ Frequent ear infections \_\_\_\_\_
  - \_\_\_ Migraine headaches \_\_\_\_\_
  - \_\_\_ Enuresis (bed-wetting) \_\_\_\_\_
  - \_\_\_ Depression, ADD, ADHD, Oppositional Behavior Disorder \_\_\_\_\_
  - \_\_\_ Anorexia, Bulimia (eating disorders) \_\_\_\_\_
  - \_\_\_ Diabetes \_\_\_\_\_
  - \_\_\_ Seizures            If so, please describe \_\_\_\_\_
  - \_\_\_ Any other chronic illness? \_\_\_\_\_

**Supportive Care** – Check all that apply to your camper and provide any helpful information for care.

This Camper has the following health concern(s):

- \_\_\_ Glasses
- \_\_\_ Hearing Aid(s)
- \_\_\_ Wheelchair
- \_\_\_ Walker
- \_\_\_ Communication Device
- \_\_\_ Dental Appliances
- \_\_\_ Braces    If so, can braces be removed? \_\_\_    If so, for how long? \_\_\_\_\_
- \_\_\_ Catheterized    If so, how often? \_\_\_\_\_    Can Camper do this? \_\_\_\_\_
- \_\_\_ Other special equipment \_\_\_\_\_

**Diet** – Please note that camp is not equipped to prepare special diets for campers. If your camper has special dietary needs, please notify the camp director will in advanced of your camper’s arrival to camp. Some dietary restrictions can be accommodated, however, these must be addressed prior to camp.

**Special Needs** – Are there any special concerns that you have as a parent or guardian regarding the medical and health needs of your child while at SEEK Camp? If so, please explain below in detail:

\*\*\* This page must be notarized \*\*\*

# Medical Release/Consent

Camper Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Camper SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender M / F Age \_\_\_\_\_

The undersigned acknowledges and understands that the above named camper's ("Camper") participation in the Camp Program and related recreational activities may involve risks to the Camper's physical well being. With full knowledge of said risks and in consideration of the benefits derived by the Camper in the participation of the camp and programs, I hereby consent, approve, covenant and agree to indemnify and save harmless Bridgeport Camp & Conference Center and the North Texas Conference of the United Methodist Church, their agents, servants, employees, representatives, volunteers and staff from and against all actions or causes of action, claims, demands, liabilities, loss, or damage to the Camper resulting or arising out of the Camper's attendance at the Camp or participation in any Camp related activity of any kind, including, without limitation, any cause of action sounding in negligence.

In the event I cannot be reached in a medical emergency, I hereby give my consent and authorization for medical treatment by a health care professional for the purpose of preserving the life and/or well being of the above named Camper.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Circle: Parent / Guardian / Managing Conservator of Minor Child

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, Known to me to be the person whose name is subscribed to the above Medical Release/Consent and acknowledge to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

**\*\*\* This page must be completed by a licensed Physician or Nurse Practitioner and can be based on an examination within the past year prior to the Camper's session at camp. \*\*\***

# Medical Recommendation

Camper Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Camper SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender M / F Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

This camper is under the care of a physician, or has been in the past, for the following: \_\_\_\_\_

\_\_\_\_\_

Treatment to be continued at SEEK Camp for this Camper: \_\_\_\_\_

\_\_\_\_\_

Routine medications that this Camper will be on while attending SEEK Camp are: \_\_\_\_\_

\_\_\_\_\_

Camper is allergic to the following: \_\_\_\_\_

Treatment for allergic response: \_\_\_\_\_

List any restriction that this Camper should have at SEEK Camp and describe the limitations:

\_\_\_\_\_

Additional health information needed for a successful experience at SEEK Camp: \_\_\_\_\_

\_\_\_\_\_

MD/NP Signature \_\_\_\_\_

Date \_\_\_\_\_

MD/NP Name \_\_\_\_\_

Office Phone \_\_\_\_\_

Address \_\_\_\_\_

# Release & Covenant Agreement

Dear Parents/Guardians,

We at Bridgeport Camp & Conference Center (BCCC) want you to be aware of our safety precautions at camp. We feel that we have hired and recruited competent and knowledgeable staff. Your camper will be required to wear safety equipment if at waterfront events, on the ropes challenge course, or involved in any other activity requiring protective gear.

Notwithstanding our efforts to promote safety, we at BCCC have advised you and you have acknowledged that any outdoor camping and recreational activity has inherent dangers that no amount of care, caution, instruction, or expertise can eliminate. As a result, there is no guaranty or warranty as to the safety of any camper.

- I understand and agree that the terms herein are contractual and not mere recitals.\
- In the signing of this document, I hereby certify that I give permission to my child to participate in the camping program of the North Texas Conference – Untied Methodist Church.
- I understand that pictures and videos are taken at camp. I hereby assign any and all right to any such pictures or videos to BCCC and further consent to its use of such pictures and videos of my camper in the promotion of camp.
- I agree that I am financially responsible for any damages to the camp property or facilities caused by my child and will promptly pay for any and all repairs associated therewith.
- I hereby acknowledge and affirm that I have been advised of and understand the activities involved with camping, including recreational activities at BCCC; that I am fully aware of the risks associated therewith; and that I have made my decision to allow my child to attend and participate in all activities with full knowledge and appreciation of the risks involved.
- I have signed this document with full knowledge of its terms and have had full opportunity to investigate the camp, obtain answers to all questions and concerns and to have this document reviewed by an attorney of my choice. I enter into this Agreement in consideration of the acceptance by BCCC of my child for participation in a camp session.
- The undersigned, parent, guardian or managing conservator of the camper named below, realizing that the North Texas Conference of the United Methodist Church and its camp and related recreational activities involve risks to the camper's physical well being and in consideration of the benefits derived by the camper in the participation of the said programs, I hereby consent, approve, covenant and agree to indemnify and save harmless Bridgeport Camp and Conference Center and the North Texas Conference of the United Methodist Church, their agents, servants, employees, representatives, volunteers and staff from and against all actions or causes of action, claims, demands, liabilities, loss, damage or expense of whatever kind or nature which may be sustained or incurred by virtue of injury or damage to the camper resulting or arising out of the camper's attendance at the camp or participation in any camp related activity of any kind, including, without limitation, any cause of action sounding in negligence.

Child/Camper Name \_\_\_\_\_  
Print

Gender: M / F

Parent/Guarding Name \_\_\_\_\_  
Print

Parent/Guardian \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

# SEEK Camp Order Form

## T- Shirts

We will have our own t-shirt design for SEEK Camps. Shirts will be pre-ordered and delivered the week of camp. Please indicate the number of shirts needed by the appropriate size:

Children's Sizes:    10 -12 \_\_\_\_\_            14 -16 \_\_\_\_\_  
Adult Sizes:            Small \_\_\_\_\_            Medium \_\_\_\_\_            Large \_\_\_\_\_  
                              X-Lg \_\_\_\_\_            XX-Lg \_\_\_\_\_            XXX-Lg \_\_\_\_\_

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## DVD

We will have a DVD of this year's SEEK Camp. The cost of the DVD is included in the price of camp. The DVD will be mailed to you sometime after camp is over. The DVD is a great way for your Camper to remember and relive the great time had at SEEK Camp!

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Name of Camper \_\_\_\_\_

Total Order Enclosed (payable to SEEK Camp): \$ \_\_\_\_\_

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**Complete all ten pages of this document.**  
**All information will be kept confidential by professional camp staff.**

**Mail to:**  
**Diana Sharber**  
**P.O. Box 186**  
**Whitesboro, Texas 76273**