

Emergency Information and health form for: _____

In case of emergency, notify: _____

Home Phone: _____ Work: _____ Cell: _____

Secondary emergency contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Insurance: _____ Policy #: _____

Health Information:

Date of last tetanus shot: _____

Allergies: _____ insect stings poison ivy Penicillin

Foods (please list): _____

Other drugs (list): _____

Has the camper been exposed to any contagious or infectious diseases within 2 weeks of the start of camp?

If so, please indicate: _____

Problems with: Breathing Sinusitis Bronchitis Epilepsy

Diabetes Heart Dizziness Hay fever Kidneys

Ears Sleep walking Bed wetting Upset stomach

Other: _____

Prescribed Medications (Please list all medications and the condition they treat.)

Is there any reason why your child should not participate in the total camp program? If so, please explain

Emergency Declaration:

I understand in the case of an emergency, every attempt will be made to reach me or the secondary contact person by phone at the numbers I've listed. In the case that I nor the secondary contact can be reached, I hereby authorize any emergency medical treatment, including emergency surgery, which may be necessary for the survival of _____, {relation} _____.

I also agree to assume obligation for the doctor's bills, calls, or other expenses relating to the emergency.

Date: _____

Signature of Parent or Legal Guardian

South Missouri Baptist Assembly
Code of Conduct for Adult and Jr. Sponsors/Helpers/etc.

The South Missouri Baptist Assembly (SMBA) is committed to providing a welcoming, supportive and safe environment for all children and young people whom we have contact with during SMBA programs and activities. We undertake to act with integrity and transparency and uphold all requirements of child protection law and best practice.

This code is applicable to all who serve at SMBA whether paid or voluntary.

As a representative of SMBA, Camp Sponsor, etc. I commit myself to keeping this code of conduct which requires me to show care to all children, treating them with respect and honesty, providing a positive role model of Christian living in all I do.

I will:

- Treat all children with respect, dignity, and kindness, refraining from discrimination against, showing different treatment to or favoring children to the exclusion of others.
- Use appropriate and positive language around children.
- Respect children's rights to not be touched in ways that make them feel uncomfortable. A child's right to say "No" is to be encouraged and respected.
- Use appropriate touch including pats on the back or shoulder, side hugs, handshakes, and high fives. Refrain from full frontal hugging, touching of personal areas, or patting of the buttocks.
- Refrain from intimate displays of affection toward others.
- Report any suspicion of child abuse to the Camp Director or designated Safety Director, or directly to the Missouri Child Abuse and Neglect Hotline is 800-392-3738.

I will not:

- At any time during an SMBA event or camp be alone with a single child where I cannot be seen by others.
- Leave a child unsupervised.
- Abuse children or use corporal punishment of any kind. This includes physical abuse, mental abuse, verbal abuse, sexual abuse or neglect.
- Allow or tolerate bullying or humiliation of a child by other children or adults.
- Use pornography, illegal drugs, alcohol, or tobacco – nor provide such items to anyone (children or adult) on the camp property.

X

Staff or Volunteer signature and date