

Please Note: Medical Form **MUST** be filled out **IN FULL** for application to be processed.

Camper Name: _____ Health Care Number: _____

Physicians Name: _____ Physician Ph. #: _____

Does this camper have any special needs we should be aware of?

Physical	Yes	No	Asthma	Yes	No
Behavioural	Yes	No	Emotional	Yes	No
Learning Disabilities	Yes	No	Social	Yes	No
Allergies	Yes	No			

If yes to any of the above questions, please explain (describe the severity and symptoms of allergic reactions):

Please describe any dietary concerns: _____

My child is able to fully participate in active program without limitations. Yes No

CAMP WAIVER

I, the parent or guardian of _____, give my voluntary consent to his/her participation in Bellevue Lodge (formerly Belle View Bible Camp) activities and agree to all conditions of participation in these activities. Furthermore, I authorize Bellevue Lodge staff to approve and obtain any and all medical attention and medical staff in the case of a medical emergency; with the understanding that all reasonable attempts have been made to consult with myself beforehand except in the case of minor illness and/or first aid where deemed appropriate; with the understanding that I will take responsibility for any additional expenses that may result from such services.

Furthermore, I release Bellevue Lodge, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named. I understand that Bellevue Lodge, its staff or agents reserve the right to dismiss a participant who is, in their opinion, a hazard to the safety and well-being of others, and/or who appears to have rejected the reasonable guidelines of the activity.

I, the parent or guardian, declare that the applicant is normal in condition and habits and is amenable to necessary discipline.

I, the parent or guardian agree to permit the use of photos and/or videos of the applicant camper in promoting the camp or camp activities and programs.

Failure to disclose problems at time of application could result in dismissal.

I am aware of the planned activities of the applicant and accept the conditions of participation with the full knowledge that this form with my signature may be used as a legal document in any court of law.

Signature of Parent/Guardian

Date

Please Return Completed Form to:

Bellevue Lodge, P.O. Box 978, St. Paul, AB T0A 3A0

Phone: (780) 645-4948 Fax: (780) 645-5034