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Dear Parent or Guardian,

The following three pages are part of your student's registration to Youth Pre-Con 2015. The first page, the health form, is required for all students coming to the retreat. In addition to this first page, we also need a copy of the student's insurance card. If the card has two sides, please make copies of both sides. This is also required! The second page is for use in the event that your student has medications which will need to be administered at Pre-Con. The final page is an immunization disclosure required by the state of New Jersey.

In the form of a checklist, here are the required forms which must be submitted for your child to participate in Pre-Con:

- Completed Health Form (required)
- Copy of Insurance Card (required)
- Completed Medication Form (required if medications must be administered)
- Immunization History/Disclosure (required)

Please make sure these forms are completed and turned in, as your students will not be permitted to participate in Pre-Con without them!

The forms may be submitted by mail (to the address above), by email (scanned and sent to nkersten@seventhdaybaptist.org), by fax (to 608-531-2059), or by your student at Pre-Con registration.

If you have any further questions about these forms or youth Pre-Con, please feel free to contact me (my contact information is available in the listing on the left, or you can call the SDB Center at the number above). We look forward to seeing your students at Pre-Con this year!

In Christ's Service,

Rev. Nicholas J. Kersten

Youth Pre-Con Health Form, 2015

We must have a current, signed health form on file as PreCon begins. Your camper will not be allowed to remain without this form properly completed and signed! This includes providing a copy of the insurance card. If medications are needed, complete the medication form.

Camper's legal name: _____
 Birth Date: _____ Sex (circle one): Male Female
 Address: _____

 City: _____ State: _____ Zip: _____
 Date of last physical: _____

Parent/Guardian:
 Name: _____
 Email: _____
 Primary Phone: _____
 Other Phones: _____

Please circle and/or list the communicable diseases and/or serious illness or surgeries that this camper has had:

Measles Rubella (German measles) Chicken pox Mumps Scarlet Fever Strep Throat Head Lice
 Others: _____

Is this child currently free from contagious disease(s)? Yes / No (please describe) _ _____

Please list any surgeries and/or broken bones this camper has had, e.g., appendix removed, broken arm/leg, etc.:

List any chronic or disabling problem that this child has, e.g., seizures, diabetes, heart disease, respiratory problems, etc.:

Please list any allergies this child has to the following, and his/her symptomatic reactions (i.e. severe swelling, breaks out in hives, etc.):

Allergy	Symptomatic Reaction
Medications (including penicillin):	
Food:	
Other:	

Health Insurance: _____
 Policy Number: _____
 Group Number: _____
 Policy Holder: _____
 Insurance Company Phone: _____

**PLEASE ATTACH A COPY
 OF YOUR INSURANCE CARD**

Does this child carry an epinephrine pen for severe allergic reactions? YES / NO

Emergency Contact Information

The parent/guardian will be the first person contacted in case of an emergency. If we can't reach the parent/guardian, please list other person(s) to be contacted in case of an emergency:

1. _____ (name) (relationship) _____ (address) (phone) Person(s) <u>permitted</u> to pick up my child from camp.	2. _____ (name) (relationship) _____ (address) (phone) Person(s) <u>not permitted</u> to pick up my child from camp.
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1. _____ (name) (relationship)	1. _____ (name) (relationship)
2. _____ (name) (relationship)	2. _____ (name) (relationship)

Doctor Contact Information
 1. _____
 (name) (phone)

Dentist Contact Information
 1. _____
 (name) (phone)

Authorization and Acknowledgment

*I hereby give my permission to Youth PreCon staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for the child named on this form should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on this form. I understand that my health and accident insurance is the primary insurance coverage for this minor.

* I hereby give permission for my child to go on trips away from the Youth PreCon site, whether on foot or by vehicle.

* I hereby give permission for my child to participate in all camp activities which may include swimming at a public pool with lifeguards (unless otherwise noted on the health forms).

* I hereby give permission to the Seventh Day Baptist General Conference USA and Canada, Ltd., and its agencies and allied societies for photographs and audio/visual recording of this minor to be used for news, publicity, and promotional purposes.

 (Parent/Guardian signature)

 (Date)

Youth Pre-Con Medication Form, 2015

Camper's legal name: _____ Birth Date: _____

No medication, prescription or over-the-counter, will be given without the written permission of the parent or guardian.

All prescription medication must be in the original container, labeled with the camper's name, name of the medication, current dosage and time taken, physician's name and pharmacy name.

All over-the-counter medication must be in the original container, labeled with the camper's name, dosage, time and purpose for which it is to be given.

Medication Name	Dosage	When to be given	Reason for Use

I hereby grant permission for Youth PreCon staff to supervise the preceding medication routine for my child during his/her PreCon experience.

Parent/Guardian signature _____ Date _____

Immunization Disclosure and Waiver Form - Youth Pre-Con, 2015

As part of the laws of the state of New Jersey, we are required by law to document the immunization history of everyone who will participate in this year's Youth Pre-Con retreat at Camp Jersey Oaks, Shiloh, NJ.

There are three options for completing this form. The first is to check the box for option 1 and give the complete vaccination history for your student. The second is to acknowledge that you, as parent/guardian, have not vaccinated your children for reasons of religious conscience. If you select this option, please check the box below and then sign, date, and return this form. The third option is to note that your children have not been vaccinated on the advice of a physician because of an existing medical condition. If you select this option, please include a letter from the advising physical, and then check the box below for option three and sign, date, and return the form.

With this completed form, your child will not be permitted to participate in Youth Pre-Con this year!

Student's Name: _____ **DOB:** _____

Option 1: Immunization History (copy of immunization from doctor preferred)

DPT/DTaP dates (4 total immunizations required; 1 of which must be after the student's 4th birthday)

#1 _____ #2 _____ #3 _____ #4 _____

POV/Polio dates (3 before school age. One must be after student's 4th birthday)

#1 _____ #2 _____ #3 _____

MMR (One after 1 year old; and a measles booster or another MMR after 4th birthday)

#1 _____ #2 _____

Hepatitis B (3 total required before complete age 12)

#1 _____ #2 _____ #3 _____

Option 2: I have not vaccinated my child for reasons of religious conscience. I certify my child will be free from any communicable or contagious diseases when they arrive at Pre-Con.

Signature: _____ **Date:** _____

Option 3: I have not vaccinated my child on the advice of a medical professional. I have attached a letter from the physician and certify that my child will be free from any communicable or contagious disease when they arrive at Pre-Con.

Signature: _____ **Date:** _____