



Day Camp Registration, Health and Permission Form

(Please print legibly. Parent or guardian is to complete this form in pen. Thank you.)

Day Camp Location: _____ Date of Day Camp: _____

Last Name _____ First _____ M ___ F ___ Birth date ___/___/___ Age _____

Parent(s) or Guardian Name _____ Grade You will Complete Spring 2015 _____

Address (Street or Box #) _____ City _____ State _____ Zip _____

Email _____ Home Phone (____) _____ Guardian's Phone (____) _____

Father's Cell Phone (____) _____ Mother's Cell Phone (____) _____

Does your family have a home church Yes ___ No ___ If yes: Name _____ City _____

Please circle one: American Indian Asian/Pacific Islander Hispanic/Latino Black/African American White/Caucasian Multi-racial

If the parents or guardian are not available in an emergency, notify:

Name _____ Phone/cell: (____) _____

Name _____ Phone/cell: (____) _____

During Day Camp, how will your child come and leave from the day camp site? (Circle all that apply) Walk Bike Car

The following person(s) is/are permitted to pick up my child from Day Camp:

1. _____ 2. _____

3. _____ 4. _____

DO NOT release my child to the following person(s):

1. _____ 2. _____

For office use:

Fee per person for week of Day Camp: \$ _____

Amount received: \$ _____ Date Received: _____ Balance: \$ _____

This exact form is required for each day camper. It is to be filled out in pen by the parent or guardian. Please copy this exact form only on white or light colored paper. Thank you.

Day Camp Registration, Health and Permission Form - continued

Camper's Doctor _____ Phone:(_____) _____

Camper's Dentist _____ Phone:(_____) _____

Health Insurance Company: _____ Policy Holder's Name: _____

Policy Group Numbers: _____ Policy Number: _____

List any disability or recurring illness: _____

Note any activities to be limited: _____

Specify any dietary concerns or limitations: _____

Include current medication or medical treatment:

Name:	Dosage:
1. _____	_____
2. _____	_____
3. _____	_____

Note: All medications sent to camp must be in the original containers and given to the Adult Coordinator.

Note all allergies: ___ Bee Stings ___ Aspirin ___ Penicillin ___ Peanuts ___ Other: _____

Immunization Record:
Check if current.

DPT Series _____

Mumps _____

Measles _____

Rubella _____

Polio Series _____

Hepatitis B Series _____

TB Test Result: _____

Date of Tetanus Booster: _____

Please provide any other information or restrictions that might help the Day Camp staff and volunteers care for your child's health at camp (behavior, physical, emotional or mental health):

Release: I hereby given permission for the camper, previously named, to participate in all day camp activities and off site field trips, except as previously noted. I also consent to the use of any photograph or video recordings of my child or family in future LOMO or ELCA publications.

I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give my permission to the physician selected by the Camp Staff to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. I further authorize the church coordinator, or their designee, to administer over the counter drugs and medications as needed.

_____ Date _____ Please Print Name _____ Parent/Guardian Signature _____