



Day Camp Registration, Health and Permission Form

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 2012 _____

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.

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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 staff of LOMO to administer over the counter drugs and medications as needed.

 Date Please Print Name

 Parent/Guardian Signature