



# Day Camp Registration, Health and Permission Form

Day Camp Location: **Ascension Lutheran Church** Date of Day Camp: **July 16-20, 2012**

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: \_\_\_\_\_

<b>Immunization Record:</b> <i>Check if current.</i> DPT Series _____ Mumps _____ Measles _____ Rubella _____ Polio Series _____ Hepatitis B Series _____ TB Test Result: _____ Date of Tetanus Booster: _____
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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):          
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<p><b>Release:</b> 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.</p> <p>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.</p> <p>_____ Date _____ Please Print Name _____</p> <p>_____ Parent/Guardian Signature</p>
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