

2018 LUTHER CREST DAY CAMP REGISTRATION FORM

CAMPER NAME _____ SEX _____ AGE _____

PARENT NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

GRADE JUST COMPLETED BY CAMPER (circle one): PreK K 1 2 3 4 5 6

I give my permission for my child to participate in Luther Crest's Day Camp, to take part in the normal activities, and I authorize the camp doctor to provide any necessary emergency medical care. I understand Luther Crest assumes secondary insurance coverage; the camper's family assumes primary coverage. I also give Luther Crest, Faith, First, Trinity, St. John's/Kongsvinger Lutheran Churches permission to use any photography of my child taken at camp in future promotion of Luther Crest and on social media.

Parent's Signature

- _____ I would like to be a Day Camp Volunteer.
- _____ I would like to bring an extra lunch for a counselor.
- _____ I would like to have the Luther Crest Day Camp Team at my home for supper.
- _____ I would like to have the Luther Crest Day Camp Team stay at my home.

LUTHER CREST BIBLE CAMP
HEALTH FORM AND PERMISSION TO PARTICIPATE
Day Camp 2018

Please complete the following health form. Camper **MUST** have a **signed** and **completed** health form to attend camp.

Camper Name: _____
Last First Middle Initial

Mailing Address: _____

City, State, ZIP: _____

Gender: _____ Age: _____ Birth Date: _____ Grade Completed ('16-'17 school year) _____

Parent/Guardian: _____ Day Phone Number: _____

Relationship: _____ Evening Phone Number: _____ Cell Phone Number: _____

Insurance/Billing Information: In event of an accident or injury requiring medical attention, your personal insurance will be considered **PRIMARY CARRIER**.

Company Name: _____

Policy Number: _____

In the event the above name camper needs to see a Doctor while at camp, the bill should be sent directly to:

(Please Check one) To the parents To the parent's Health Insurance Company

Health History: Luther Crest uses this information to.... 1) Provide health care with an informed background about your child;
2) Educate counseling staff about their respective camper needs;
3) Brief kitchen staff about dietary needs (onsite only).

Allergies/Food Restrictions: Check those which apply to this camper.

- This camper has no know allergies.
 This camper has an allergy to the following food(s), medication(s), and/or substance(s): _____

Do any of these allergies cause anaphylaxis? Yes No

Describe the reaction(s) and what can be done for management (attach any additional information if needed):

General Health History: This camper has had:

- Mononucleosis Chicken Pox Measles
 Mumps Hay Fever German Measles
 This camper has hearing within normal ranges. This camper has vision within normal range.
This camper is free from illness, injury, or surgery which would affect participation... Yes No

Chronic Health Concerns: Check all that pertain to this camper and provide information that would aid in providing supportive health care and a supportive environment.

- This camper has no chronic concerns and is capable of full participation.
 This camper has the following chronic concern(s):
 Asthma Diabetes Heart Defect/Disease Seizure Disorder
 Hypertension Frequent Colds Frequent Ear Infections Bleeding/Clotting Disorder
 Other (please describe) _____
Additional Information about checked item(s): _____

Mental/Emotional Health Concerns: Check “Yes” or “No” for each statement.

This camper has an emotional health concern..... Yes No

This camper has a learning disability..... Yes No

This camper has been diagnosed with Attention Deficit Disorder (ADD or ADHD)..... Yes No

If “yes” was answered to anything in this section, please attach a statement if any special considerations should be taken.

Medications: Please complete all required information. All medications MUST be in the original pharmacy containers and labeled appropriately. Campers MUST turn in all medications, vitamins and over-the-counter drugs to the Health Care Person upon arrival. For the safety of your child and other campers, self-medicating is not allowed.

This camper does not take any medication.

This camper takes routine medication (complete the following):

Name of Medication: _____

Name of Medication: _____

Reason: _____

Reason: _____

Dose: _____

Dose: _____

Time(s) of Day: _____

Time(s) of Day: _____

Immunization: Please note month and year of the shot or the most recent booster.

DTP: Diphtheria, Tetanus, Pertussis _____

Td: Tetanus Booster: _____

MMR: Measles, Mumps, Rubella _____

Others: _____

Doctor/Dentist Contact Information:

Name of Camper’s Physician _____ Phone _____

THIS FORM MUST BE SIGN FOR CAMP ATTENDANCE

Parent/Guardian Authorization for Health Care: This Health Form is complete and correct and the person described has permission to engage in all camp activities except as noted by me and/or the examining physician. I give permission to the camp to 1) provide ongoing health care and 2) select medical personnel and to order X-rays or routine tests or treatment for the camper listed above. In the event that I cannot be reached in an EMERGENCY, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I understand that information about my child’s health will be shared with the appropriate counseling, food service, or other Luther Crest staff. This form may be photocopied for use out of camp.

Parent/Guardian Permission to Participate: My child has permission to participate in all aspects of the Day Camp Program of Luther Crest Bible Camp and I agree that the camp or its personnel will not be held responsible for accidents arising from participation. I also give permission for any pictures or video taken of my child to be used for promotional purposes.

Signature of Parent/Guardian: _____ Date: _____