



Amazing Grace Day Camp Registration, Health and Permission Form

Church Name/City _____

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

Parent(s) or Guardian Name _____ Grade You will Complete Spring 2016 _____

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 _____

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. _____

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

Name: _____ Dosage: _____ Name: _____ Dosage: _____

1. _____ 2. _____

Immunization Record: Check if current.

DPT Series ___ Mumps ___ Measles ___ Rubella ___ Polio Series ___ Hepatitis B Series ___ TB Test Result: ___ Date of Tetanus Booster: ___

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

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 Evangelical Lutheran Church in America or this congregation's 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 Congregational Coordinator, or their designee, to administer over the counter drugs and medications as needed.

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

This exact form is required for each day camper.