

<u>St. John's Lutheran Church Zanesville</u> Host Congregation and/or Location	<u>July 29 - August 2</u> Dates of Camp
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**LOMO Outreach & Amazing Grace Day Camps Registration, Health, & Permission Form**

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

**Camper Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address (or P.O. Box): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Grade **Completed:** \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 T-Shirt Size (Applicable for Congregation Use): YS YM YL AS AM AL  
 Home Church \_\_\_\_\_ City \_\_\_\_\_ Pastor \_\_\_\_\_

**Parent/Guardian Information**

First & Last Name: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Additional Parent/Guardian Information**

First & Last Name: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Additional Emergency Contact Information:**  
 If the parents or guardians 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 Church Coordinator use (LOMO Outreach Day Camps)  
 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.*  
[www.lomocamps.org](http://www.lomocamps.org)

**Day Camp Registration, Health, & 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 Church 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 give 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 Printed Name Parent/Guardian Signature