

## MEDICAL HISTORY

To be completed by parent or guardian. If more room is required please attach a separate sheet.

All this information is important to ensure the health of the camper and is essential in case of an emergency!

Camper's Health Care Number \_\_\_\_\_

Please list all current medications including prescriptions and over-the-counter, herbal and supplements and any history of street drug use.

Drug	Frequency of use	Reason for use
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Please send all of camper's medications with him/her or with a responsible adult to be turned over to the camp nurse on arrival at Camp Paradise.

Allergies (Please specify and list reactions)

Food:

Drug:

Environmental:

No known allergies

Please list all past or present medical conditions, including any hospitalizations, surgeries or injuries.

Is there recent history of homesickness, bedwetting or sleepwalking?:

Is there any other treatment or information that you think we should know?

## BENNETT FIELD BIBLE CAMP 2018



Bennett Field is an airport which is located on the Bear River between Deline and Tulita.

2018 is our first year of camp at Bennett Field. It is a privilege to be involved on the first year.

- **August 1 to 5.** Bennett Field Children Camp. (Ages 8 to 12) Pastor Kim Sang Hee from Edmonton Korean Church will be leading. This will be a few days of action and excitement.
- **August 5 to 9.** Bennett Field Teen Camp. (Ages 13 and up) Pastor Kim Sang Hee along with other leaders will provide spiritual growth and fun.

Cut and keep this side  
Cut and send in this side

Please bring:

- Sleeping bag or blankets
- Modest swimsuit
- Personals: soap, toothbrush, comb, towel, etc.
- Bible, pen or pencil
- Enough clothes for a week (for both rain and sun)
- Bug spray and bug jacket if possible
- Hiking boots or sturdy shoes
- Required medications to turn in to camp nurse

Optional

- Camera
- Ball glove

Leave at home:

- Games, playing cards, comic books and magazines
- Tobacco, drugs, alcohol.
- Valuables you might lose.

Mailing address: 262 Paradise Road  
Hay River, NT, X0E 0R4

Camp Phone (867) 874-3655

Contact Jim or Jerrilyn Forsyth (867) 874-3655

Fax (toll free) (866) 730-3928

Email info@campparadise.ca

Web www.campparadise.ca

You can register online at [www.campparadise.ca](http://www.campparadise.ca) or else send registration form by mail, fax, email or in person.

Register early because camp size is limited.

Application Form (or else apply online at [www.campparadise.ca](http://www.campparadise.ca))

Name \_\_\_\_\_ Birthday \_\_\_\_\_  
dd/mm/yy

Address \_\_\_\_\_ Town \_\_\_\_\_ Postal Code \_\_\_\_\_

[ ] Boy [ ] Girl Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Which camp to attend? \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ email \_\_\_\_\_

Emergency Contact

Same as above [ ] or \_\_\_\_\_

Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Cost: Registration \$125 – This does not include transportation.

Registration amount : \$ \_\_\_\_\_

Store (max \$50) \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Medical Release: I give permission for the camp nurse/director to administer the required medication to my child and hereby relieve the nurse, director and camp from liability. In case of an emergency, I hereby give permission to the physician selected by the nurse or director to provide medical treatment to my child.

\_\_\_\_\_  
Child's name Signature of parent/guardian Date

General Release: I hereby voluntarily permit and release my child to attend Camp Paradise and participate in all its activities. I agree pictures of my child may be used in advertising and promotion. I am informed of the activities offered by Camp Paradise. I hereby give permission for my child to voluntarily participate in activities such as soccer, baseball, swimming archery, canoeing, ropes, obstacle course and other camp activities that involve dangers and risks. I agree that Camp Paradise, a nonprofit corporation, its officers, staff, employees and volunteers will not be liable for personal injury, death, damage or loss of property to my child.

(Parent's or legal guardian's signature) \_\_\_\_\_