

DAY CAMP REGISTRATION & MEDICAL FORM (Please Print)

Camper's Name _____ Age _____ Grade Entering _____

Parent/Guardian Name _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Information (must be someone other than parent/guardian listed above):

Contact Name _____ Relationship to Camper _____ Phone Number _____

Health History Any special concerns or recurring illness:

Specific activities to be limited:

Current medication or medical treatment:

Dietary concerns/allergies:

Allergic to: Penicillin ___ Bee Stings ___ Other (specify):

Anything else the Camp staff should be aware of to better care for this camper?

Signature of Parent or Guardian _____ **Date** _____

EVENT PHOTOGRAPHS I consent to the use of photographs of my child for the church website.

Signature of Parent or Guardian _____ **Date** _____