

Fellowship Lutheran Church, Columbus, Ohio

July 15-19, 2019

Host Congregation and/or Location

Dates of Camp

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

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: _____

<p>Immunization Record: <i>Check if current:</i> DPT Series _____ Mumps _____ Measles _____ Rubella _____ Polio Series _____ Hepatitis B Series _____ TB Test Result: _____ Date of Tetanus Booster: _____</p>
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<p>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):</p>
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<p>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.</p> <p>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.</p>
<p>_____</p> <p>Date Printed Name Parent/Guardian Signature</p>

Amazing Grace Day Camp Anti-Bullying Guideline

Bullying affects everyone, not just the bullies and the victims. It also affects other children who watch. There is also a danger that less aggressive children can be drawn in by group pressure. Bullying is not an inevitable part of life or a necessary part of growing up, and it rarely sorts itself out.

The Evangelical Lutheran Church of America (ELCA) made a commitment to help address this major issue in our country. Just as states are creating policies to prevent bullying in schools and create a safe learning environment, the ELCA is working to create a church environment that is safe and welcoming for all people.

On its website, the ELCA states that bullying is commonly defined as intentional, repeated, hurtful acts, words or other behavior on the part of one or more individuals. Among children or youth, bullying may be physical (hitting, damaging or stealing possessions), verbal (name-calling, threats or taunting), emotional (threatening or stalking), or social (spreading rumors or the imposition of isolation). In adults, bullying manifests itself primarily through ongoing harassment and psychological intimidation that happens when one is ridiculed, insulted, degraded, threatened, or slandered.

To help ensure that Amazing Grace Day Camp is a safe environment where children can learn, worship, play, and grow in total safety; we will be working to keep it free of these behaviors. Each situation will be handled individually and we will respond according to the specific nature of the situation. Parents of all children involved will be notified as soon as possible of the situation. The process of investigating the situation and deciding what action(s) may or may not be needed will include the Pastor, the Amazing Grace Day Camp Counselors and the Amazing Grace Day Camp Coordinator (and may also include members of St. Paul Lutheran Church Council, Amazing Grace Day Camp Task Force members, Lutheran Outdoor Ministry Organization Administration and/or the Assistant to the Bishop for the Southern Ohio Synod).

Possible actions taken in regard to a child(ren) bullying another child(ren) could include (but not limited to) a conversation about the situation, a time-out during camp, and/or sent home for one or more days.

Additionally, retaliation against a bullied child or a child that reports a bullying situation will be strictly prohibited by all staff and volunteers. All children should be encouraged to report issues of bullying as well as be made aware of the fact that because of the seriousness of this issue, a false claim should never be made.

Please discuss this issue with your child prior to the week of camp so that they understand they will be safe and so that they will also understand what behaviors will not be allowed at camp.

I have read and understand the above policy.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date: _____