

CAMPER'S NAME: _____

Emergency Contact Information

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Secondary Contact Name: _____

Home Phone: _____ Cell Phone: _____

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Medical Information

Family Doctor Name: _____ Phone: _____

Health Insurance Company: _____

Policy Number: _____

Camper's Allergies: _____

Camper's Medications: _____

(All medications must be given to camp faculty upon arrival to camp)

I give permission for the camp faculty/staff to administer ibuprofen/acetaminophen to my child as need may arise. Please initial _____

Any additional medical/behavior information of which the camp should be aware _____

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Camp Address and Arrival/Departure Times

Sugarloaf Christian Camp
637 Prater Road
Wallingford, KY 41093

Arrival: 5:00 pm, Sunday, July 17th
Departure: 10:00 am, Friday, July 22nd