

Beloved Community Day Camp

Sponsored by the Centre Hall Council of Churches

Program Provided by the

Susquehanna Conference Camp & Retreat Ministry, Wesley Forest Camp

2025 Day Camp Registration, Medical & Photo Release Form

CAMPER INFORMATION:

Camper's Last Name _____ First Name _____ ☐ Male ☐ Female ☐ _____

Birthdate _____ Grade **COMPLETED** Spring 2025 _____

Camper's Address (Street, City, State, Zip) _____

Phone _____ Parent E-mail _____

Camper Resides With: ☐ Mother ☐ Father ☐ Both ☐ Other

Name of Parent/Guardian 1 _____ Name of Parent Guardian 2 _____

Address (if different from camper) _____ Address (if different from camper) _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Church: _____ Pastor: _____

Emergency Contact Person (other than parent) _____ Relationship _____

Emergency Contact Phone _____

HEALTH INSURANCE/DOCTOR INFORMATION

Height _____ Weight _____ Date of Last Exam/Physical _____

Family Doctor: _____ Phone: _____

Health Insurance Company/Plan Name _____

Policy/ ID Number _____ Group Name/Number _____

List any medications the camper is currently taking:

Medication	Dosage	Instructions
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

List any food/drug/environmental allergies of the camper...

Allergen	Reaction
• _____	_____
• _____	_____
• _____	_____
• _____	_____

Does your child require an epipen? ☐ Yes ☐ No (if your child requires an EpiPen, please provide at least one non-expired EpiPen; for your child or staff to carry)

Are there any non-prescription over-the-counter medications you DO NOT want your child to receive?

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CAMPER NAME _____

Does the camper need specific behavioral and/or emotional support? ☐ Yes ☐ No

If yes, please describe _____

Does the camper have any medical/mental conditions we should be aware of? Activity Limitations or Special Needs?

Is there any other information about the camper that we should know about in seeking to best minister to their needs? (i.e. first time away from home, gender identity, recent traumatic events, etc.) _____

If your child/youth has been taken off medications for the summer by you, the parent/guardian, we highly recommend those medications be taken during their week of camp so your child/youth will have a quality experience.

REGISTRATION AUTHORIZATION

Please Read Carefully and Check Circles that Apply

☐ I give permission for my child to attend the camp session for which they are registering and ride on a bus if needed.

☐ I give permission for still or video pictures of my child to be taken and used for camp and congregational promotional purposes.

☐ I give permission for photos of my child to be placed on Susquehanna Conference & The Centre Hall Council of Churches (including Grace UMC, St. Luke Lutheran, and Trinity UCC) websites and Social Media pages in a camping context.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

MEDICAL CONSENT AND AUTHORIZATION:

In the event of an emergency or non-emergency situation requiring medical treatment of the camper during their attendance at the camp, I/we, the undersigned parent(s)/guardian(s) of the camper, give the Camp Director my/our consent and authorization for all medical treatment that is deemed necessary by qualified medical personnel for the proper care and treatment of the camper, including but not limited to administration of first-aid, use of an ambulance, x-ray examination, administration of anesthesia, surgery, and hospitalization.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

Relationship to camper _____

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The Centre Hall Council of Churches
Grace United Methodist Church
St. Luke Lutheran Church
Trinity United Church of Christ