

Registration and Health Form for Day Camp/VBS
Good Shepherd Lutheran Church
For Grades entering 1st to 6th grade the Fall of 2018



Complete this form and return it to your church. Health forms must be given to camp staff at the beginning of your Day Camp session.

Name _____ Birth date ____ / ____ / ____ Grade ____ Sex (circle) F M

Full name of parent(s) or guardian(s) _____

Address _____ City _____ State _____ Zip _____

Phone # (home) _____ Cell phone # _____

Work phone # (mother) _____ Work phone # (father) _____

Congregation _____ Pastor(s) _____

If parental guardians are not available in case of emergency, please notify:

Name _____ Relationship _____ Phone # _____

Child's physician _____ Clinic _____ Health insurance policy # _____

Immunizations

(**EXACT** dates required)

_____ Diphtheria, Tetanus, Pertussis
 _____ Hib
 _____ Measles, Mumps, Rubella
 _____ Polio
 _____ Tetanus Booster

Allergies

None _____
 Medication _____
 Food _____
 Insects _____
 Plants _____
 Other _____

Health History (If the child has **had** any of the following, please mark with an **X**, and **N** if has **now**.)

_____ ADD	_____ Anorexia/Bulimia	_____ Appendicitis	_____ Diarrhea
_____ Asthma	_____ Behavior challenges	_____ Constipation	_____ Diabetes
_____ Ear infections	_____ Hay fever	_____ Hepatitis	_____ High blood pressure
_____ Fainting	_____ Headaches	_____ Ulcers	_____ Sinus infections
_____ Chicken pox	_____ Measles	_____ German measles	_____ Mumps
_____ Rheumatic fever	_____ Bleeding/clotting disorders	_____ Heart problems (please describe) _____	
_____ Seizures (please describe) _____			

Dietary concerns or restrictions _____ Physical activity restrictions _____

Please list any medications, and send with directions. _____

How will your child get to and from day camp? _____

My child has permission to participate in all aspects of the day camp program led by Camp of the Cross Ministries, except as noted. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the congregation to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray, or surgery for my child as named above; and to arrange for or provide necessary related transportation. I understand that my insurance has primary coverage and Camp of the Cross Ministries' insurance is secondary. *I give my approval to photocopy this form for use out of camp. I give permission for pictures or video taken of my child to be used for promotion.*

Parent/Guardian Signature _____ Date _____

I promise to follow the guidance of the staff and volunteers, respect and honor the other campers, and live within the camp covenant.

Camper Signature _____ Date _____