

## 2008 Camp Perkins Day Camp Registration, Health, and Release Form

This form must be on file with Camp Perkins before individual is allowed to participate in any camp sponsored program.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
*Street Address City Zip*

Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering This Fall \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
*(if different from above) Street Address City Zip*

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
*Street Address City Zip*

Home Church \_\_\_\_\_  
*Name City*

### SECONDARY EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

I will be picking my child up from Day Camp each day.

Adults authorized to pick up child other than custodial parent or guardian:

*(Please list as many names as you would like of persons authorized to pick up your child.)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

### FAMILY MEDICAL/DENTAL INSURANCE:

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

**Photocopy of front and back of health insurance card must be attached to this form. This is required for participation in Camp Perkins programs.**

**HEALTH HISTORY:** List any medical concerns over the last two years that we should be aware of, i.e.: Ear Infections, Surgeries, Psychological, Heart Conditions, Blood Disorders, Hypertension, Mono, Broken Bones:

Information about participant's behavior or physical, emotional, or mental health of which we should be aware and any specific activities to be limited by parent's/physician's advice (continue on back if necessary):

**ALLERGIES:**  Hay Fever  Poison Ivy  Asthma  Food: \_\_\_\_\_

Penicillin  Insect Stings \_\_\_\_\_  Other Drugs: \_\_\_\_\_

**CURRENT MEDICATIONS:** all medication whether prescription or over-the-counter, brought to Camp Perkins must be turned into the camp Health Care Provider during registration and are to be in their original packaging/bottle that identifies the prescribing physician, name of medication, dosage, and frequency of administration.

The above Health Form is correct as far as I know and the person herein described has permission to engage in all Camp activities except as noted. In the event I cannot be reached in an emergency I hereby give permission to the medical personnel selected by the Camp Perkins staff to order x-rays, routine tests, treatment, and necessary related transportation for me/or my child. I also hereby give permission to the physician selected by the Camp Perkins staff to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips away from the campsite.

It is understood that all medication whether prescription or over-the-counter, brought to Camp Perkins must be turned into the camp Health Care Provider during registration and are to be in their original packaging/bottle that identifies the prescribing physician, name of medication, dosage, and frequency of administration.

**Please Initial One:** I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for my child to receive over-the-counter medication dispensed by the Camp Perkins Day Camp Coordinator and Redeemer Lutheran Church as he/she deems necessary.

**IMAGE RELEASE:** I hereby grant Camp Perkins Lutheran Outdoor Ministries and Your Congregation the absolute right and permission to copy right and use, reuse, publish and republish photographic materials of me and my child to illustrate, promote and advertise Camp Perkins LOM and their programs in print and on websites.

\_\_\_\_\_  
**PARTICIPANT (OR PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18) SIGNATURE**

\_\_\_\_\_  
**DATE**