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: _____

Immunization Record:
Check if current:
DPT Series _____
Mumps _____
Measles _____
Rubella _____
Polio Series _____
Hepatitis B Series _____
TB Test Result: _____
Date of Tetanus Booster: _____

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):

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.

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.

_____ _____ _____

Date Printed Name Parent/Guardian Signature