

Have you attended one of our camps in previous years?

2010 Camp Registration

Dates Attending: _____

Grade completed 6/10 _____

Male Female

Camper Name: _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) _____

Home #: _____ Cell #: _____

Parent Email: _____ Birthdate: _____ / _____ / _____

Church: _____ City: _____ Cabin Buddy (1): _____

I have read the camp traditions in this brochure and agree to follow them. I voluntarily waive any claim against the sponsoring institution, local churches and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of the above organization. I consent to the use of photographs of my child in camp publications.

NOTE: If your child will be released early or picked up by someone other than custodial parent/guardian at the end of a session, a Pickup/Release authorization must be completed prior to the pickup. Call (715) 268.8434 for instructions.

Signatures Required

Camper Signature: _____ Date: _____ Parent Signature: _____ Date: _____

Registration, Health History, & Non-refundable/Non-transferable \$100 Deposit are due by March 15, 2010

(Please follow registration procedures as outlined by your youth director or camp coordinator.)

..... Registrar Use Only MC Visa Discover Amount \$ _____

Total Due \$ _____ Deposit \$ _____ Credit Card # _____

Date: _____ Other CK # _____ Exp. Date _____ 3 Didgit Code _____

Health Form Parent Ck # _____ Signature _____

Insurance Card Church Ck # _____ (Name on Credit Card)

Wilderness <input type="checkbox"/>
Wapo <input type="checkbox"/> Seeds <input type="checkbox"/> Youth <input type="checkbox"/> Fishing
Ox Lake <input type="checkbox"/> Village <input type="checkbox"/> Horse <input type="checkbox"/> TIM Team Journey: <input type="checkbox"/> Cross <input type="checkbox"/> Heart <input type="checkbox"/> Running
Luther Dell <input type="checkbox"/> Youth <input type="checkbox"/> Roots <input type="checkbox"/> Fishing

Wapo - Ox Lake - Luther Dell - Wilderness

Summer 2010

Camper Health History

Wilderness <input type="checkbox"/>
Wapo <input type="checkbox"/> Seeds <input type="checkbox"/> Youth <input type="checkbox"/> Fishing
Ox Lake <input type="checkbox"/> Village <input type="checkbox"/> Horse <input type="checkbox"/> TIM Team Journey: <input type="checkbox"/> Cross <input type="checkbox"/> Heart <input type="checkbox"/> Running
Luther Dell <input type="checkbox"/> Youth <input type="checkbox"/> Roots <input type="checkbox"/> Fishing

Date Attending: _____

Personal Information

Camper Name: _____ M/F _____ Age: _____
(Last) (First)
Home Address: _____ Birth Date: _____
Church: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information

Custodial Parent(s)/Guardian (Please include both mother and father or guardian names, and star preferred contact)
Name(s): _____
Phone Mother: H: (____) _____ W: (____) _____ C: (____) _____
Phone Father: H: (____) _____ W: (____) _____ C: (____) _____
Emergency Contact (If parent/guardian cannot be reached)
Name: _____ Relationship to Camper: _____
Phone: H: (____) _____ W: (____) _____ C: (____) _____
Doctor: _____ Phone: (____) _____ Dentist: _____ Phone(____) _____

Insurance

Custodial Parent(s) or Guardian of camper is financially responsible for healthcare provided by out-of-camp providers. Rx needed while at camp will be sent to camper insurance with Copay billed to Custodial Parent(s) or Guardian.

Carrier Name: _____ Group Policy # _____
****It is essential to send a copy (front and back) of camper's insurance card with this document****

Parental Authorization

My child has permission to engage in all camp activities, except as noted: _____
I authorize the camp to provide routine healthcare, administer prescribed medications and over the counter medications per camp standing orders. In the event that I cannot be reached in an emergency, I give permission to transport my child by camp vehicle or local ambulance and for they physician selected by the camp to secure proper treatment for, to hospitalize, and to order injection, anesthesia or surgery for my child as named on this form. I also authorize the release of health information paperwork for my child as needed in an emergency. I authorize this form to be copied for out-of-camp trips. It is the policy of this camp to contact Custodial Parent(s) or Guardian in the event of a serious injury, severe illness or other incident involving your child. The authority for this decision is with the Healthcare staff, Site Director or Executive Director.

I hereby certify that the information contained within this Health History document is, as of this date, accurate and complete.

Consent Authorization Signature

Custodial Parent or Guardian: _____ Date: _____
****Registrations without this signature cannot be accepted.****

Medications (Do not bring First Aid supplies or general OTC medications)

Camper Prescription Medications - must be in original container with doctor's signature

Specific Necessary OTC Medications - Enter information in this space also

Medication Name	Dosage	Time Taken	Reason for Med
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Note: Prescription medications will be returned to camper on last day of camp session. Contact camp if this is not acceptable.

Camp Supplied OTC Medications: Physician approved Standing Orders allow stocking of OTC meds in Camp First Aid, these may be administered by Camp First Aid Staff as needed.

Those listed below are included in Camp stock, please review and check those that you **DO NOT** want given to your child. (See website for full listing of camp stock.)

- | | | | | | |
|---|--|--|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Antacid Tablets | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Suphedrin |
| <input type="checkbox"/> Expectorant CF | <input type="checkbox"/> Do not give medications to my child | | | | |

Camper Health History - Concerns - Conditions (Use additional page if additional response space is required)

Allergies / Intolerance or Dietary Concerns:

- No special considerations required Drug Allergies Food Allergies/Intolerance Other Allergies or Dietary Concerns

Describe Allergy / Intolerance or Dietary concern along with reaction and recommended intervention:

Does Allergy lead to Anaphylactic reaction? Yes No If yes, detail reaction and recommended response: _____

Camper Health History

Describe: Injuries - Operations - Illness, requiring medical attention, during current & previous calendar years:

Camper Current Health

1. Describe any current conditions (injury, surgery, illness, other) that require special attention, restrictions or considerations while at camp:

2. Have you or are you currently receiving professional treatment to address mental/emotional health concerns: Yes No

Describe: _____

3. Have you been exposed to a communicable disease in the past 6 months: Yes No

Describe: _____

If you have entered information in #1, or given a "yes" response in #2 or #3 of "Camper Current Health" you must have the following section completed by your attending health professional:

PHYSICIAN'S RECOMMENDATIONS: *Must be completed & signed by Medical Personnel*****

The camper named on this Health History is / has been under my care for the following:

Is this camper able to participate in an active camp program? Yes No Detail "no" response, listing restrictions:

Detail treatments to be continued while at camp.

If camper has been exposed to contagious disease, is period of contagion over? Yes No

Signature of Licensed Medical Personnel _____ Date _____

Immunization History

Is your child current on all immunizations needed for school? Yes No Date of last Tetanus: _____

List exceptions: _____

Confidentiality Statement

Information within this Health History document is considered confidential; the information will only be shared on a "need to know" basis.

Camper Health Screening (camp use only)

1. Medications: None required Received same as recorded Received with changes

2. Health History Review: OK as is Changes

3. Observable Health: (Illness, Injury, Other) Good Concerns

4. Exposed to Communicable Disease since Health History sent to camp? Yes No (If yes, allowed to stay? Yes No)

Screened by _____ Date _____