

LUTHERDALE BIBLE CAMP, INC.
DAY CAMP REGISTRATION/HEALTH FORM

Must be Signed by a Parent/Guardian

NAME _____ SEX _____ BIRTHDATE _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
Parent's Names _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Email Address _____ Date of Program _____

I hereby enroll and give permission for my child to participate in the planned activities of Lutherdale Day Camp Ministry in partnership with _____ Church. I understand I am responsible for transportation to and from Day Camp.

Signature of Parent or Guardian

Date

If parents are not available in the event of an emergency, notify:

NAME _____ PHONE (____) _____ Cell Phone (____) _____
ADDRESS _____ RELATIONSHIP _____

Local Physician: _____ Phone: _____
Health Insurance Company _____ Policy # _____

HEALTH HISTORY (To be completed by parent or guardian)

1. Has the camper been subject to medical treatment for any of the following:

Diabetes () Ear Trouble () Seizures ()
Allergies () Poison Ivy () Throat or sinus ()
Asthma () Behavior () Bee Sting ()

Please explain any of the above _____

2. IMMUNIZATION RECORD (Give Dates)

Tetanus DPT _____ Polio _____ Mumps _____ Measles _____

3. ALLERGIES: (Please describe any conditions and treatments)

4. MEDICATIONS: give name, dose, schedule (medication must be brought in original prescription bottle).

5. Please explain conditions requiring medication or other condition requiring special care _____

PARENTAL AUTHORIZATION - In the case of a medical emergency, I understand every effort will be made to contact the parents or guardians of the camper. In the event that I cannot be reached, I hereby give permission to the medical examiner selected by the church staff to hospitalize, to secure proper treatment for, to order injection, anesthesia, or surgery for my child as named on this form.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

EAST KOSHKONONG LUTHERAN CHURCH VACATION BIBLE SCHOOL

PHOTO RELEASE

Throughout the day, photos will be taken during our VBS activities. We would like to display some of these photos in our church newsletter, as well as on our website. Since it is a public website, we will NOT identify the children by publishing their names under the photos. Occasionally, we may submit a photo to the local newspaper, also without names mentioned. Please complete the section below.

_____ I grant permission for my child(ren)'s picture to be used for the EKLC newsletter, local newspaper and website, as long as no names are mentioned

_____ I do not grant my permission for my child(ren)'s picture(s) to be used in the EKLC newsletter, local newspaper and website.

PARENT/GUARDIAN SIGNATURE _____ DATE _____