

3-8:00pm

Day Camp Registration and Health Form

For August 7-10 with programming by Ingham Okoboji Lutheran Bible Camps

Please print clearly. This form may be copied. Please use a separate form for each camper.
Please take a moment to review and sign the Conduct Covenant on the back of this sheet.
PLEASE RETURN YOUR COMPLETED DAY CAMP REGISTRATION FORM TO YOUR LOCAL DAY CAMP DIRECTOR.

Personal Information

Name: _____ Grade Completed: _____ Birth Date / /

Age: _____ Sex: M / F 1st time day camper? Y / N

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____ Work Phone: _____

Emergency Contact and Phone #: _____

Siblings attending Day Camp: _____

Church (if different from host Church): _____ City: _____

General Health Information

Chronic or recurring illness or medical condition that may affect Day Camp life: _____

Allergies (i.e. food allergies, bee stings, etc.) _____

Dietary restrictions (i.e. vegetarian, lactose intolerant): _____

Other suggestions that may help make your day camper's week more comfortable and enjoyable: _____

Medications (please list kinds and dosage): _____



All pertinent medication must be brought to the local Day Camp Director in their original containers.



Insurance Information

Insurance Company: _____

Policy #: _____

Holder's Name: _____

Family Doctor: _____ Phone: _____

Immunizations (circle Yes or No)

DPT (series of 3) Yes or No

Polio Immunization Yes or No

MMR (Measles/Mumps/Rubella) Yes or No

Date of last Tetanus _____

TSHIRT SIZE: Youth XS_ S_ M_ L_ XL_ or Adult S_ M_ L_ XL_

(Please note if church desires this to be filled out)

Permission

I give my permission for my child to participate in all aspects of the Day Camp program. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel, the local Day Camp coordinator or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I or my insurance company will pay for any medical treatment if costs are incurred. I give permission for any picture or video taken of my child to be used for promotional purposes. I understand choosing to send this child to day camp may increase their risk of being exposed to COVID-19, agree to pre-screen this child for symptoms prior to arrival at day camp, not send this child if I suspect they are ill, and understand there may be social distancing requirements expected of this child set by the camp and church.

X _____ Date

Parent/Guardian Signature