

Day Camp Registration & Health Form

Please fill out one registration per camper.

Register by June 15, 2007.

Camper's Name _____
Grade Completed _____ M () F () Birthdate _____ Age as of camp _____
Parent/Guardian Name _____
Mailing Address _____
City _____ State _____ Zip _____
Day Phone () _____ Cell Phone () _____
Email Address _____

Our child has permission to take part in all day camp activities under supervision, and we agree that the church, Camp Lutherwood, or its personnel will not be responsible for accidents arising therefrom. I give the church and camp staff permission to seek medical treatment for my child in case of injury or illness. I also consent to the use of any photograph of my child.

Parent/Guardian Signature _____ Date _____

Emergency Contact:

In case of an emergency, notify; Name _____
Relationship to camper: _____ Phone () _____

Health History:

Does your child have any known allergies? ___ Yes ___ No

If yes, please list allergies to medications: _____

Allergies to environmental elements: _____

Allergies to food: _____

Has your camper experienced any of the following? (Check all that apply)

___ Epilepsy or seizures ___ Frequent ear infections ___ Menstrual problem

___ Asthma ___ Frequent sore throat ___ Headaches

___ Heart Disease ___ Back pain or strain ___ Attention Deficit Disorder

___ Diabetes ___ Other _____

Pertinent past medical treatment? _____

Is the camper presently taking any medications? ___ Yes ___ No

Specify _____

Does your camper have any special dietary needs? _____

Does your camper have any physical limitations? _____

Does your camper have his/her current immunizations? ___ Yes ___ No

Suggestions or health-related information for camp personnel that will insure a safe and fun week: _____

Permission to Administer Medications:

I, the parent/guardian of _____ give my permission to church and Camp Lutherwood staff to give the following medications to my child, in accordance with recommended package dosing for the specific indications below:

	Yes	No		Yes	No
Tylenol: Mild fever or discomfort	___	___	Benedryl: Allergy symptoms	___	___
Ibuprofen: Mild fever or discomfort	___	___	Sudafed: Allergy symptoms	___	___
Throat Lozenges: Cough/sore throat	___	___	Antacid: Upset Stomach	___	___

Signature: _____ Date _____

Note: Creator or Camp Lutherwood personnel will notify you if your child displays the following symptoms:

- Any illness that persists: including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, severe tiredness
- Any injury that causes severe, prolonged pain, discolorization and/or swelling
- Any condition that cannot be sufficiently treated by camp personnel

Permission for leaving church property:

I, the parent/guardian of _____ give my permission to leave church property for servant projects and/or sun activities (Sunnyside Elementary School playground - across the street from Creator Lutheran Church) with a responsible licenses/insured adult.

Signature _____ Date _____

Camp Costs:

___ \$50.00 per camper

___ \$110.00 per family

Make checks payable to Creator Lutheran Church

Mail or deliver registration payment and form to:

Creator Lutheran Church, Day Camp

13250 SE Sunnyside Rd.

Clackamas, OR 97015

503-698-8081

Office hours: Monday-Friday 9am-1pm

For questions or scholarship information please call:

Sharilyn Brooks, Day Camp Coordinator

503-698-8081 or sharilynbrooks@yahoo.com

For office use only: Paid ___ Yes ___ No

___ Cash ___ Check Check # _____

Added to spreadsheet ___ Yes ___ No