

2024 DAY CAMP REGISTRATION AND HEALTH HISTORY FORM



NAME OF CAMPER _____ Grade (Fall '24) _____

Gender _____ Birthdate _____ Current Age _____

Home Congregation/Town _____

Address _____ City _____ State _____ Zip _____

Home or Cell Phone (_____) _____ Cell or Work Phone (_____) _____

Parent/Guardian Name(s) _____

Parent/Guardian address (if different from camper) _____

Health History Diseases/Conditions: *(Please list approximate dates.)*

- Ear infections _____ Heart Condition(s) _____ Seizures _____ Diabetes _____
 Bleeding Disorders _____ Asthma _____ MMR illness? _____ Chicken Pox _____
 Hepatitis _____ Fractures _____ Operations _____
 Other _____

Medical Allergies

No Known Allergies Bee Stings Life Threatening Yes No Penicillin Life Threatening Yes No

Other Meds: _____ Life Threatening Yes No

Food Allergies

No Known Allergies Dairy Life Threatening Yes No Eggs Life Threatening Yes No

Seafood Life Threatening Yes No Peanuts Life Threatening Yes No Tree Nuts Life Threatening Yes

No Gluten Life Threatening Yes No Other foods: _____ Life

Threatening Yes No

Emergency Contact Person - *If Parent/Guardian cannot be reached.*

Name: _____ Phone (_____) _____

Family Doctor _____ Clinic: _____

Phone (_____) _____

Immunizations

Measles-Rubella: Yes No Tetanus/Whooping Cough (DPT, TD or Tdap) Yes No Date of most recent immunization _____

Please list any **chronic condition** which may affect camper, any restrictions or limitations, **or attach a detailed description with directions for care:** _____

Parent/Guardian Authorization and Medical Release: I give permission for the applicant to participate in all camp program activities including except as noted here: _____ and agree that Sugar Creek Bible Camp, its staff and volunteers, and the church sponsoring the program will not be held responsible for accidents or personal injury arising therefrom. Further, I (the parent/guardian) certify that the applicant has had a physical examination within the 12 months prior to arrival at camp, verifying that the health and physical condition of the applicant is ready for attending this event and fully participating in all activities, except those noted in this form/message. I authorize the leader of the event and camp staff to secure any medical or emergency treatment deemed necessary. Parents/Guardians will be notified in case of emergency. The applicant, or the applicant's parent/guardian, is the primary carrier of accident/health insurance. I agree that the camp and its staff will not be held responsible for lost or damaged personal property.

Parent/Guardian Signature **(required):** _____ Date: _____

Media Release: I give my permission for photographic and/or video images of my camper to be used in future Sugar Creek Bible Camp promotional materials or publications. I understand Sugar Creek will not use my child's name or personal information. Yes No

Initials Sugar Creek Bible Camp Insurance Policy: I understand that the camp insurance policy is strictly secondary coverage.

____ Initials