



# Sugar Creek Bible Camp

## 2017 DAY CAMP REGISTRATION AND HEALTH HISTORY FORM

RETURN THIS FORM TO YOUR CHURCH'S DAY CAMP COORDINATOR BY THE REGISTRATION DEADLINE.

Wisconsin State Health Code – State law requires that this form, completed and signed, be on file at the day camp in order for the participant to attend.

NAME OF CAMPER \_\_\_\_\_ Grade (Fall'17) \_\_\_\_\_  Male  Female  
Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_ Program and Week Attending \_\_\_\_\_  
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

If none apply, check here

#### 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

If none apply, check here

#### Life Threatening?

- Bee Stings  Yes  No
- Penicillin  Yes  No
- Other Meds:  Yes  No

### Food Allergies

If none apply, check here

#### Life Threatening?

- Dairy  Yes  No
- Eggs  Yes  No
- Seafood  Yes  No
- Peanuts  Yes  No
- Tree Nuts  Yes  No
- Gluten  Yes  No
- Other foods:  Yes  No

### Emergency Information

Emergency Contact Person - If Mom or Dad cannot be reached.

Phone (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Clinic \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

### Immunizations

Please attach a copy of camper's current immunization record.

Tetanus/Whooping Cough (DPT, TD or Tdap)

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:** This health form is correct as far as I know and the person herein described has my permission to engage in all activities, except those noted on this form. If I cannot be reached in the event of a medical emergency, I give my permission to the health care provider selected by the camp to give necessary medical treatment to the person listed above.

**Medical Release:** In consideration of acceptance to Sugar Creek Bible Camp, I indemnify and hold harmless Sugar Creek Bible Camp, its owners, agents, associates, and staff from any and all liability, claims, damage, injury or illness sustained by my camper.

**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 (including weekly DVD.) 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

Please attach a photocopy of Insurance Card (front and back.) Please check here if camper is not covered by health insurance.  \_\_\_\_\_ Initials



### Day Camp Field Trip Permission Slip



(Complete this permission slip if your child will be participating in any field trips away from the main day camp site.)

My Child, \_\_\_\_\_, has my permission to participate and be transported in any field trips taken during the Sugar Creek Bible Camp Day Camp sponsored by the church.

Parent or guardians printed name: \_\_\_\_\_

Parent or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Dates of Day Camp \_\_\_\_\_ Church \_\_\_\_\_