



Sugar Creek Day Camp @ ELC

2015 Sugar Creek Bible Camp Registration & Health History Form

RETURN THIS FORM TO
THE CHURCH OFFICE BY
SUNDAY, JUNE 14TH, 2015
WITH REGISTRATION FEE

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'15) _____ Male Female
Birthdate _____ Current Age _____ Program and Week Attending Day Camp @ ELC 6/28-7/2/2015
Address _____ City _____ State _____ Zip _____
Home or Cell Phone (_____) _____ Cell or Work Phone (_____) _____
Parent/Guardian Name(s) _____
Parent/Guardian address (if different from camper) _____

<p>Health History If none apply, check here <input type="checkbox"/></p> <p>Diseases/Conditions: <i>(Please list approximate dates.)</i></p> <p><input type="checkbox"/> Ear infections _____</p> <p><input type="checkbox"/> Heart Condition(s) _____</p> <p><input type="checkbox"/> Seizures _____</p> <p><input type="checkbox"/> Diabetes _____</p> <p><input type="checkbox"/> Bleeding Disorders _____</p> <p><input type="checkbox"/> Asthma _____</p> <p><input type="checkbox"/> MMR illness? _____</p> <p><input type="checkbox"/> Chicken Pox _____</p> <p><input type="checkbox"/> Hepatitis _____</p> <p><input type="checkbox"/> Fractures _____</p> <p><input type="checkbox"/> Operations _____</p> <p>_____</p> <p><input type="checkbox"/> Other _____</p>	<p>Medical Allergies If none apply, check here <input type="checkbox"/></p> <p><u>Life Threatening?</u></p> <p><input type="checkbox"/> Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p>	<p>Emergency Information</p> <p>Emergency Contact Person - <i>If Mom/ Dad cannot be reached.</i></p> <p>_____</p> <p>Phone (_____) _____</p> <p>Family Doctor _____</p> <p>Clinic _____</p> <p>Phone (_____) _____</p>
<p>Food Allergies If none apply, check here <input type="checkbox"/></p> <p><u>Life Threatening?</u></p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Eggs <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Seafood <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Peanuts <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Tree Nuts <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Gluten <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other foods: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p>	<p>Immunizations</p> <p>Please attach a copy of camper's current immunization record.</p> <p>Tetanus/Whooping Cough (DPT, TD or Tdap)</p> <p>Date of most recent immunization _____</p>	<p>Please list any chronic condition which may affect camper, any restrictions or limitations, or attach a detailed description with directions for care:</p> <p>_____</p> <p>_____</p>

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 or ELC 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 Evangelical Lutheran Church of Mt. Horeb.
Parent or guardians printed name: _____
Parent or guardian's signature _____ Date _____
Dates of Day Camp June 28th – July 2nd, 2015 Church Evangelical Lutheran Church of Mt. Horeb