



# 2020 EXPLORERS REGISTRATION AND HEALTH HISTORY FORM

RETURN THIS FORM PRIOR TO OR DURING REGISTRATION ON YOUR CHILD'S FIRST DAY OF EXPLORERS

NAME OF CAMPER \_\_\_\_\_ Grade (Fall'20) \_\_\_\_\_  Male  Female

Session(s) Attending: **1-Day:** June 16 , June 17 , July 7 , July 8  **\$25** per attendee

**4-Day:** July 27 , July 28 , July 29 , July 30  **\$75** per attendee

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

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.

Name: \_\_\_\_\_

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

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

Clinic: \_\_\_\_\_

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

### Immunizations

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

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 horseback riding, except as noted here: \_\_\_\_\_ an 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 (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.)**