



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

Please indicate the campers t-shirt size _____

Please include a \$25 donation/\$20 for each additional child (checks payable to ELC)

No child will be turned away for lack of donation.