** Sugar Creek Bible Camp**

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

**2019 DAY CAMP REGISTRATION**

**AND HEALTH HISTORY FORM**

***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’19) \_\_\_\_\_\_\_\_\_ [ ]  Male [ ]  Female

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age \_\_\_\_\_\_\_\_\_ Host Church for Day Camp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Home or Cell Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell or Work Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian address (if different from camper) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Allergies**

If none apply, check here [ ]

 **Life Threatening?**

[ ]  Bee Stings [ ]  Yes [ ]  No

[ ]  Penicillin [ ]  Yes [ ]  No

[ ]  Other Meds: [ ]  Yes [ ]  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information**

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 guardian’s printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Day Camp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 our church.

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

Parent or guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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