



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 _____