

Day Camp Registration & Health Form

programming by Ingham Okoboji Lutheran Bible Camps

Please print clearly. This form may be copied. Please use a separate form for each camper.
Please take a moment to review and sign the Conduct Covenant on the back of this sheet.
PLEASE RETURN YOUR COMPLETED DAY CAMP REGISTRATION FORM TO YOUR LOCAL DAY CAMP DIRECTOR.

Personal Information

Name: _____ Grade Completed: _____ Birth Date / /
Age: _____ Sex: M / F 1st time day camper? Y / N
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____ Phone: _____
Email: _____ Work Phone: _____
Emergency Contact and Phone #: _____
Siblings attending Day Camp: _____
Church (if different from host Church): _____ City: _____

General Health Information

Chronic or recurring illness or medical condition that may affect Day Camp life: _____
Allergies (i.e. food allergies, bee stings, etc.) _____
Dietary restrictions (i.e. vegetarian, lactose intolerant): _____
Other suggestions that may help make your day camper's week more comfortable and enjoyable: _____
Medications (please list kinds and dosage): _____



All pertinent medication must be brought to the local Day Camp Director in their original containers.



Insurance Information

Insurance Company: _____
Policy #: _____
Holder's Name: _____
Family Doctor: _____ Phone: _____

Immunizations (circle Yes or No)

DPT (series of 3) Yes or No
Polio Immunization Yes or No
MMR (Measles/Mumps/Rubella) Yes or No
Date of last Tetanus _____

TSHIRT SIZE: Youth XS_ S_ M_ L_ XL_ or Adult S_ M_ L_ XL_

(Please note if church desires this to be filled out)

Permission

I give my permission for my child to participate in all aspects of the Day Camp program. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel, the local Day Camp coordinator or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I or my insurance company will pay for any medical treatment if costs are incurred. I give permission for any picture or video taken of my child to be used for promotional purposes. I understand choosing to send this child to day camp may increase their risk of being exposed to COVID-19, agree to pre-screen this child for symptoms prior to arrival at day camp, not send this child if I suspect they are ill, and understand there may be social distancing requirements expected of this child set by the camp and church.

x _____ Date _____

Parent/Guardian Signature

Date