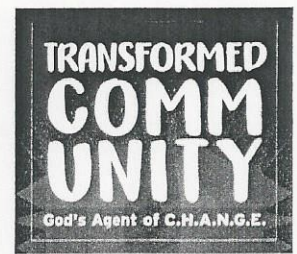


Registration and Health Form for Day Camp/VBS
SUNNE LUTHERAN CHURCH
JULY 28-JULY 31



For Grades entering K to 6th grade the Fall of 2019

Complete this form and return it to your church. _____

Name _____ Birth date ____ / ____ / ____ Grade ____ Sex (circle) F M

Full name of parent(s) or guardian(s) _____

Address _____ City _____ State _____ Zip _____

Phone # (home) _____ Cell phone # _____

Work phone # (mother) _____ Work phone # (father) _____

Congregation _____ Pastor(s) _____

If parental guardians are not available in case of emergency, please notify:

Name _____ Relationship _____ Phone # _____

Child's physician _____ Clinic _____ Health insurance policy # _____

Immunizations

(EXACT dates required)

_____ Diphtheria, Tetanus, Pertussis
 _____ Hib
 _____ Measles, Mumps, Rubella
 _____ Polio
 _____ Tetanus Booster

Allergies

None _____
 Medication _____
 Food _____
 Insects _____
 Plants _____
 Other _____

Health History (If the child has had any of the following, please mark with an X, and N if has now.)

| | | | |
|----------------------------------|-----------------------------------|--|---------------------------|
| _____ ADD | _____ Anorexia/Bulimia | _____ Appendicitis | _____ Diarrhea |
| _____ Asthma | _____ Behavior challenges | _____ Constipation | _____ Diabetes |
| _____ Ear infections | _____ Hay fever | _____ Hepatitis | _____ High blood pressure |
| _____ Fainting | _____ Headaches | _____ Ulcers | _____ Sinus infections |
| _____ Chicken pox | _____ Measles | _____ German measles | _____ Mumps |
| _____ Rheumatic fever | _____ Bleeding/clotting disorders | _____ Heart problems (please describe) | _____ |
| _____ Seizures (please describe) | _____ | _____ | _____ |

Dietary concerns or restrictions _____ Physical activity restrictions _____

Please list any medications, and send with directions. _____

How will your child get to and from day camp? _____

My child has permission to participate in all aspects of the day camp program led by Camp of the Cross Ministries, except as noted. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the congregation to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray, or surgery for my child as named above; and to arrange for or provide necessary related transportation. I understand that my insurance has primary coverage and Camp of the Cross Ministries' insurance is secondary. *I give my approval to photocopy this form for use out of camp. I give permission for pictures or video taken of my child to be used for promotion.*

Parent/Guardian Signature _____ Date _____

I promise to follow the guidance of the staff and volunteers, respect and honor the other campers, and live within the camp covenant.

Camper Signature _____ Date _____