

CAMP MOUNT LUTHER DAY CAMP

REGISTRATION AND HEALTH FORM

Hosted by United In Christ and Milton Lutheran Church at West Milton Memorial Park.

Camper Last Name:	First:	Age:	Birth Date:	Gender:
Home Address:	City/State/Zip:	Home Phone:	Camper E-Mail (if they have one):	
Parent Name:	Preferred Phone:	Alternate Phone:	E-Mail:	
Parent Name:	Preferred Phone:	Alternate Phone:	E-Mail:	

HEALTH INFORMATION

Restrictions while at camp:
Food Allergies and Diet Restrictions:
Other Allergies (including medications, plants, and insects):
<input type="checkbox"/> Check here to indicate that the camper's immunizations required for school are up to date. (Can attach a list)
***List here the date (month/year) of last tetanus shot:

INSURANCE INFORMATION

Does insurance require MD approval prior to care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, indicate phone number to call:	
Medical Insurance Carrier/Plan Name & Group Number:	Insurance ID Number:	Guardian Name on Policy:

EMERGENCY CONTACT

Name of friend or relative (not living at same address):	Relationship:	Preferred Phone:	Alternate Phone:
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CONSENT AND RELEASE PERMISSION

If this form is used for off-site day camps, "camp" refers to personnel at congregation and/or the Mount Luther staff.

I hereby give permission to the medical personnel selected by the camp administration to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatments, including hospitalization, for the above named person. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. This completed form may be photocopied for trips out of camp.

I hereby give permission to my child to participate in the programs and activities of the camp. In the event of off-site field trips, my camper has my permission to participate in such activities that are planned away from the camp as part of the camp program under the direction of the camp administration, my camper has my permission to participate in such activities. Any photos or video recordings taken in which my child appears may be used for promotion of camp and its related entities free of any claims.

Signature (of parent if under 18):

Date:

X