

GREENWOOD DAY CAMP REGISTRATION

CAMPER INFORMATION

Name (please print) _____ Home Phone _____ Cell Phone _____

Address _____ City/State _____ Zip _____ Age _____

Birthdate: ___/___/___ Male _____ Female _____ Email Address _____

MEDICAL INFORMATION

Please list any medical conditions including food or drug allergies _____

Does your child have any disabilities or medical/physical conditions that will require special accommodations? Yes _____

No _____ If yes, explain _____

Any additional information we should know? _____

Medication

Please list the name, side effects, quantity and purpose of each prescription or over-the-counter medication you brought with you to camp. NOTE: ALL MEDICATIONS MUST REMAIN IN THE ORIGINAL PHARMACY LABELED CONTAINER THAT BEARS THE CAMPER'S NAME ON IT--LOOSE PILLS WILL NOT BE ACCEPTED. Be sure containers are clearly marked with the name of the prescribing physician, the name of the Medication, the dosage and strength, and how often the medication is to be taken.

1. _____

2. _____

Additional

Comments: _____

DEPARTURE

My child may be picked up by the following individuals, besides the parent(s) or guardian(s) listed below:

1. _____ Relationship _____

2. _____ Relationship _____

I, the Guardian of the Camper listed above, give permission to Camp Greenwood & Mason Presbyterian Church to:

* Obtain medical treatment and disclose emergency medical information to staff and/or emergency medical personnel

* Allow the Health manager to distribute over the counter medication to my camper as needed

* Send my camper home if a medical condition becomes un-manageable and/or at risk in the camp environment

* Utilize all pictures taken of my camper by either photographic, video or digital means for promoting the camp's ministry

I certify that the above information is correct and give my permission for the above mentioned child to participate in day camp.

Custodial Parent(s)/Guardian(s) _____ Date ___/___/___

Printed Name or Parent(s)/Guardian _____