

Printed Name \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Grade Completed \_\_\_\_\_

Contact Phone:  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
Alternate emergency  
name \_\_\_\_\_ phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Parent/Guardian e-mail: \_\_\_\_\_ Camper's E-mail \_\_\_\_\_  
Church/City \_\_\_\_\_

One Complimentary T-shirt (**Adult**) (S)\_\_\_(M)\_\_\_(L)\_\_\_(XL)\_\_\_(XXL)\_\_\_  
**(Child)** (6-8)\_\_(10-12)\_\_(14-16)\_\_(18-20)\_\_\_ (Extra shirts may be ordered for \$10 each - If  
extra shirts are being ordered, mark number being ordered next to size, but be sure to include the  
complimentary shirt. Please enclose a check for any additional shirts ordered.)

List any personal interests which you believe would be helpful to the  
director

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Is there any other information that you can give that will help the camp staff become acquainted with  
your child and give your child the best care at camp?

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**I hereby give permission for** \_\_\_\_\_'s picture to be used on the  
website, Facebook page or in a promotional way such as flyers, posters, slide shows, or videos.  
I agree to fully share in all camp programs and activities and I realize that I am registering for the full  
camp period and will not leave until the camp session ends.

**Camper's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please print Parent/Guardian's name(s): \_\_\_\_\_

# Health Form

Must be completed by Parent or Guardian. Health Form must be on file with Camp Registration.

Printed Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

## Part 1

• Is there heart pathology that requires restricted activity? \_\_\_\_\_

• Is there any evidence or history of chronic infection of nose throat ears, sinus or lungs?  
\_\_\_\_\_

• Is appendix present? \_\_\_\_\_ Hernia? \_\_\_\_\_

• Date last Tetanus shot received \_\_\_\_\_

• Is there evidence of athlete's foot? \_\_\_\_\_ Other skin diseases? \_\_\_\_\_ If yes, what?  
\_\_\_\_\_

• Has there been recent exposure to any contagious disease? y/n If yes, what? \_\_\_\_\_

• Indicate any recent illness, surgery.  
\_\_\_\_\_

• Is camper subject to fainting? \_\_\_\_\_ Convulsions? \_\_\_\_\_ Sleepwalking? \_\_\_\_\_ Bedwetting? \_\_\_\_\_

• Is camper subject to asthma? \_\_\_\_\_ Hay Fever? \_\_\_\_\_

• List any **diet** restrictions: \_\_\_\_\_

• Should any restrictions be observed in active camp life, swimming, hiking, etc.?  
\_\_\_\_\_

• Is camper on routine medicine? \_\_\_\_\_

• Name drug and dosage \_\_\_\_\_

• Name drug and dosage \_\_\_\_\_

• Name drug and dosage \_\_\_\_\_

• **List all allergies:**  
\_\_\_\_\_

Printed Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of  
Birth \_\_\_\_\_

**Part 2**

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Part 3**

Name of Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Policy in the name of \_\_\_\_\_

**(attach photocopy of front and back of insurance card)**

**Part 4** Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Part 5**

I, the parent or guardian of the camper whose name appears on this form, hereby voluntarily and absolutely releases, discharges, waives and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to my child as a result of my child's observing or using facilities or equipment of Camp Aurora during the Moniteau Evangelical Advent Kids Camp, or engaging in or receiving instructions in any activities some of which may involve dangers and risk of bodily injury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Treat and Medication Form**

**PERMISSION TO TREAT.** I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This completed form may be photocopied for trips out of camp.

Please list any medical or dietary allergies: \_\_\_\_\_

**MEDICATION AUTHORIZATION** Prescription medication shall be in the original container and labeled with the child's name, an instruction, including times and amounts for dosages, and the physician's name. All non-prescription medication shall be in the original container and labeled by the parents with the child's name and instructions for administration, including times and amounts for dosages.

I authorize camp personnel to administer the following medication to my child: \_\_\_\_\_

NAME OF MEDICATIONS \_\_\_\_\_  
\_\_\_\_\_

DATE MEDICATION TAKEN FROM \_\_\_\_\_ UNTIL \_\_\_\_\_ DOSAGE AND TIMES \_\_\_\_\_

POSSIBLE SIDE EFFECTS \_\_\_\_\_

I also give permission for Moniteau Church to administer the following over-the-counter medications if the staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

**Headache** – Tylenol – Advil – Aspirin **Upset Stomach** – Pepto Bismol **Diarrhea** – Imodium AD **Poison Ivy** – Calamine Lotion- Caladryl - Cortaid **Menstrual Cramps** – Ibuprofen – Tylenol **Allergic reactions** – Benadryl

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAFF NAME:**                      **DATE:**                      **TIME:**                      **MEDICATION DOSAGE:**

**STAFF NAME:**                      **DATE:**                      **TIME:**                      **MEDICATION DOSAGE:**