

Calvary Chapel Christian Camp

Registration and Consent to participate

Every person under the age of 18 must bring this form to camp

Student's Name: _____

Birth Date: _____

I, the Parent of Legal Guardian of the above named student living at:

Address _____ **City/State** _____ **Zip Code** _____
give my consent to have my son/daughter work&live at Calvary Chapel Christian Camp.

Health History: To protect your child from possible embarrassment, but not to exclude him/her from the program, the following is requested. Check and give approximate dates if possible:

General:

Frequent ear infections	_____	Hay Fever	_____
Heart defect/disease	_____	Insect Stings(allergic)	_____
Convulsions	_____	Penicillin(allergic)	_____
Diabetes	_____	Other Drugs(list)	_____
Bleeding/clotting disorder	_____	_____	_____
Bed wetting	_____	_____	_____
Sleep Walking	_____	_____	_____
Operations/Serious Injuries	_____	_____	_____

Diseases:

Chicken Pox	_____	German Measles	_____	Asthma	_____
Measles	_____	Mumps	_____		

1.) To your knowledge, has your child been exposed to any communicable diseases within the past 21 days? Yes _____ No _____

If yes explain: _____

2.) Do you know of any health factor that makes it advisable for you child to follow a limited work program of Physical activity? Yes _____ No _____

If yes explain: _____

3.) Please give us the name and phone number of you child's regular Physician:

Name: _____ Phone #: _____

Name of medical insurance: _____

Medical Insurance #: _____

4.) **PLEASE LIST ANY MEDICATIONS THAT YOUR CHILD WILL NEED TO HAVE WHILE AT CAMP.**

Medication

Dosage

When taken

Any medication (including prescriptions) to be administered during your child's time at camp usually will be administered by his/her Group Director or designated representative. All medication should be clearly labeled with all pertinent information, including student's FULL name, dosage AND when administered, etc., and given to the Group Director on the morning your child leaves for camp.

**In the event of a minor illness or injury (such as cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Camp Director, camp medical staff, R.N. or EMT to give my child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities as noted by me and/or my physician. I hereby give permission to the physician selected by the Camp Director (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child and to order injection and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the scheduled program with Calvary Chapel Christian Camp, unless sooner revoked in writing and delivered to said agent. I further agree that Calvary Chapel Christian Camp, its Board of Directors, officers, and staff are hereby relieved of all liability in the event of accident or injury to said Minor.

Parent/Guardian Signature: (Father/Other)

Date:

Parent/Guardian Signature: (Mother)

Date:

Minor's Signature:

Date:

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Home Phone: _____

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Emergency/Work Phone: _____

Other Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____