



REGISTRATION & HEALTH FORM

(Use one form per participant or sponsor)

Last Name: _____ First Name _____ Middle Initial _____

Gender _____ Age _____ Date of Birth ____/____/____ Grade Entering Fall 2023 _____ or Sponsor

Adult T-Shirt Size (circle one) S M L XL 2X 3X

(1) Parent(s) Guardian(s) Name _____ Address _____

City _____ State _____ Zip _____ E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

(2) Parent(s) Guardian(s) Name _____ Address _____

City _____ State _____ Zip _____ E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact (other than parent) _____ Phone _____

Medical Insurance (YES) or (NO) Insurance Name _____

Insurance Policy Number _____ Phone _____

Name of Doctor _____ Phone _____

Does your child have any special needs that we should anticipate? (For example: ADHD, allergies, special diet, physical, mental or behavioral challenges, etc.)
(circle one) YES or NO If yes, please describe: _____

Date of Last Tetanus Booster _____ Camper is allergic to: _____

List all known Medication Allergies _____

**ALL MEDICATIONS MUST BE CHECKED IN & KEPT WITH THE MEDICAL OFFICER UPON ARRIVAL AT CAMP.
ALL MEDICATIONS MUST BE IN A 1 GALLON PLASTIC BAG WITH A COMPLETED MEDICINE FORM.**

Please Check One

_____ **I am sending medications** _____ **I am NOT sending medications**

The medical officer may give any of the following medications as needed (Check Yes or No)

- | | | | |
|----------|-----------|----------|----------------------------|
| Yes / No | Ibuprofen | Yes / No | Pepto Bismol |
| Yes / No | Tylenol | Yes / No | Pain Spray |
| Yes / No | Bendaryl | Yes / No | Triple Antibiotic Ointment |