



Personal Information

Camper's Full Name: (Last, First, Middle) _____

Date of Birth: ___ / ___ / ___ Age: ___ Gender: M F T-Shirt Size: (Child S,M,L, Adult SMLXL) _____

Parent/Guardian Names (Primary contact): _____

Address: (Street City, State): _____

Parent/Guardian Phone: (Primary/cell) _____ (Home/Other) _____

Parent/Guardian Email: _____

If not available or in an emergency contact:

Contact 1 Name: _____	Contact 2 Name: _____
Relationship: _____	Relationship: _____
Contact Number: _____	Contact Number: _____
Other Information: _____	Other Information: _____

Health History Medical Information

Medical Conditions: Please list all relevant to attend camp, use the back of this page if necessary.

Essential vaccinations, Does not have any contagious conditions, Requires regular medical treatment

Select all that apply; <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma, <input type="checkbox"/> Allergies <input type="checkbox"/> Chickenpox, <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Erythema (Fifth Disease), <input type="checkbox"/> Roseola Infantum (Three-Day-Fever), <input type="checkbox"/> Head Lice, <input type="checkbox"/> Gastroenteritis (Stomach Flu)
--

Please provide any additional medical conditions or information: see last page for additional space if needed.

Allergies & Treatments: Please list all you are aware, use the back of this page if necessary.

Prescriptions: Please list all brought to camp in the original container.

I authorize the camp directors or nurse to provide necessary medical treatment. Initial: _____

Acetaminophen Ibuprofen Cough drops Antacid Topical Antiseptic

<p>Packing list*</p> <p>[] Bible</p> <p>[] Sleeping bag</p> <p>[] Pillow</p> <p>[] Special Sleeping Aids (Stuffed toy, Blanket)</p> <p>[] Clothing for the week (allow for weather variations, enough changes for the entire time)</p> <p>[] A bag for dirty laundry</p> <p>[] Toiletries (toothbrush, toothpaste, soap, shampoo, hand towel)</p> <p>[] Two large towels</p> <p>[] Swimwear (one-piece for girls) lifejacket if needed</p> <p>[] Flashlight</p> <p>[] Bug repellent</p> <p>[] Sunscreen</p> <p>[] Jacket</p> <p>[] Prescription medication (Camp Nurse will; check items during drop-off and discuss any instructions)</p>	<p>What your Child should not bring</p> <p>[] Basic food (Staff and Kitchen are prepared to nourish your camper)</p> <p>[] Candy (So will be provided by staff)</p> <p>[] Balloons</p> <p>[] Water guns</p> <p>[] iPod, iPad, tablets, or entertainment electronic</p> <p>[] Cell phones</p> <p>[] Weapons</p> <p>[] Valuables</p> <hr/> <p>**Label import items with your camper's name</p>
---	---

*Our pile of Lost and Found grows each year. Please have a good idea of what items your camper has brought, label as much as you can and ask your camper to be responsible for keeping track of their belongings. Our Counselors will help as much as possible. There will be a lost and found box available at the end of camp, please check it before you leave.

Interests and hobbies

<p>Check those activities that apply;</p> <p><input type="checkbox"/> Basketball <input type="checkbox"/> Boating <input type="checkbox"/> Baseball</p> <p><input type="checkbox"/> Swimming <input type="checkbox"/> Music <input type="checkbox"/> Singing</p> <p><input type="checkbox"/> Drama <input type="checkbox"/> Reading <input type="checkbox"/> Crafts <input type="checkbox"/> Pets</p> <p><input type="checkbox"/> Nature <input type="checkbox"/> Hiking <input type="checkbox"/> Outside games</p> <p><input type="checkbox"/> Inside games <input type="checkbox"/> Bible study</p>	<p><input type="checkbox"/> Camper can participate in water activities</p> <p>List any physical limitations;</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Camper buddy, if you have a preference? (Name)</p> <p>_____</p>
---	--

Has your child been away from our parents more than two days?

How easy does your child make friends? Very easy Easy Not easy Difficult

Sleeping habits: Light Heavy Sleepwalker Nightmares

Bedwetting, frequency ____ How is this handled at home? _____

Fears Does: your child have any specific fears? _____

Appetite: Normal Above normal Below normal

Health: Excellent Normal Below normal

Emergency limit power of attorney Release:

I, (We) the parent(s) or legal guardian(s) of (listed on page one as the camper) hereby grant permission for our child to participate fully in Trinity Lutheran Bible Camp, and hereby grant the bearer of this release permission to authorize necessary medical treatment including but not limited to a visit to the doctor or hospital, emergency surgery and administration of necessary medications. I (We) assume responsibility of all, if any, medical bills incurred due to emergency treatment. I. (We) further hereby agree to hold harmless and indemnify Trinity Lutheran Bible Camp, it's directors, employees and staff, for any liability sustained by Trinity Lutheran Bible Camp as the result of neglect, willful or intentional acts of said participant, ~~including expenses incurred attendant thereto.~~

Insurance company _____

Policy Number _____ Policy
Holder _____

Primary Care Physician _____ Contact
Number _____

Consent and Acknowledgment

I, (We), certify and acknowledge that the information provided above is accurate to the best of my knowledge. Additionally, give permission for the camp staff to seek emergency medical treatment for my child if necessary.

Signature of Parent(s) or Legal Guardian(s)

Name _____ Date _____

Name _____ Date _____

