

DAY CAMP REGISTRATION FORM

Childs Name: _____ Age _____

Parents Name: _____

Address: _____

Phone Number:
(CELL) _____ (HOME) _____ (WORK) _____

Emergency Contact: (NAME) _____ (PHONE) _____

Allergies (food, insects, medications): _____

Special Diet Needed (gluten free, diabetic, etc): _____

Medications to be taken during camp hours: _____

Health problem we need to know about _____

Doctor Name and Number: _____

Please make sure your child brings the following with them to Day Camp:

***Towel and swimsuit or change of clothes (2 piece swimsuits require t-shirt over them)**

***Please have them wear closed toe shoes, no flip flops, or sandals please.**

I, the parent/guardian of _____ give my permission to the camp Health Care Provider of his/her designate to give the following medications (or their generic equivalents) to my child, in accordance with recommended package dosing for the specific indications below. These medications are available at the camp and CAMPERS NEED NOT BRING THEM TO CAMP.

PLEASE CHECK BELOW WHAT YOUR CHILD IS ALLOWED TO RECEIVE.

	YES	NO
Tylenol: Mild fever or discomfort	___	___
Ibuprofen/Motrin: Mild fever or discomfort	___	___
Topical Creams: Itching, Insect bites	___	___
Sunscreen: Sunburn protection	___	___
Insect Repellent	___	___

Signature of
Parent/Guardian: _____ Date: _____

Please let us know who is allowed to up your child from Day Camp: (If this would change please call 618-423-9372 or Raeann Hedgpeth at 618-918-0010.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____