

# CAMP MOUNT LUTHER/ ZION LUTHERAN SUNBURY DAY CAMP REGISTRATION/HEALTH FORM 2018

<b>Camper Last Name:</b>	<b>First:</b>	Age:	Birth Date:	Grade (June 2018):
Home Address:	City/State/Zip:	Home Phone:	<b>T-shirt Size:</b> Youth: <b>S M L</b>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
<b>Parent(s)Name(s):</b>	<b>Parent Cell/Daytime Phone:</b>		<b>Adult: S M L</b>	
<b>E-Mail:</b>			<b>Dates for the Day Camp: 7/9 – 7/13</b>	

## CAMPER INFORMATION

<b>Restrictions while at camp:</b>
<b>Food Allergies and Diet Restrictions:</b> <span style="float: right; background-color: yellow;"><b>FREE LUNCH WILL BE PROVIDED DAILY</b></span>
<b>All Other Allergies</b> (including medications, plants, and insects):
<input type="checkbox"/> Check here to indicate that the camper's immunizations required for school are up to date.
<input type="checkbox"/> <b>Yes! Camper will need transportation;</b> <input type="checkbox"/> to Daycamp <input type="checkbox"/> from Daycamp or <input type="checkbox"/> <b>none needed, thanks</b>

## INSURANCE INFORMATION

Does insurance require MD approval prior to care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, indicate phone number to call:
Medical Insurance Carrier/Plan Name & Group Number:	Insurance ID Number:
Guardian Name on Policy:	

## EMERGENCY CONTACT

<b>Name of friend or relative (not living at same address):</b>	Relationship:	<b>Preferred Phone:</b>	<b>Alternate Phone:</b>

## CONSENT AND RELEASE PERMISSION

If this form is used for off-site day camps, "camp" refers to personnel at congregation and/or the Mount Luther staff.

1. I hereby give consent for camp personnel to give over-the-counter medications should it be necessary. I understand that Camp Mount Luther and its employees are not responsible for untoward effects of nonprescription medications.
2. I give the camp permission to dispense my child's prescription medication as listed.
3. I hereby give permission to the medical personnel selected by the camp administration to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatments, including hospitalization, for the above named person. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. This completed form may be photocopied for trips out of camp.
4. I am interested in the policies, goals and programs of Camp Mount Luther and hereby give permission to my child to participate in the programs and activities of the camp he or she may attend. In the event hikes, field trips or camping trips are planned away from the camp as part of the camp program under the direction of the camp administration, my camper has my permission to participate in such activities. Any photos or video recordings taken in which my child appears may be used for promotion of camp and its related entities free of any claims. I have read the refund policy and agree to the provisions contained in it.

**Signature (of parent):**

**Date:**

**X**

**OTHER INFO/SPECIAL CONCERNS FOR STAFF:**

**PLEASE RETURN COMPLETED FORM WITH REGISTRATION FEE OF \$5 PER CHILD TO:  
ZION LUTHERAN CHURCH PO BOX 605 SUNBURY PA 17801 BY JUNE 22, 2018**