

2018 Camper Permission Form

Campers Name: _____ Date of Birth: ___/___/___ Age: _____

Address: _____ State: _____ Zip: _____ Sex: _____

Parent/Legal Guardian Name: _____ Phone : _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Office Phone: _____

Insurance Provider: _____ Policy ID: _____

Please list any allergies you child has:

Please list any Preexisting Conditions we may need to be aware of:

*****Please list All Current Medications on the back of this form! *****

Important Information

Clara Springs personnel can Only administer Medication sent from home and with detailed instructions.

All Medications must be in a Pharmacy container and checked in with Camp Nurse during registration.

Please make sure dosage information is on container!

I hereby give my consent for the above named camper to take part in any and all activities occurring within the camp program. If in the event of an emergency, I cannot be reached, I hereby give my consent for Clara Springs Baptist Camp Administration to sign for emergency medical care, should it be necessary. I understand that every effort will be made to provide the safest environment possible at camp, however accidents can and do occur. I agree not to hold liable the Camp Staff or Clara Springs Baptist Camp in the case of an unforeseen event.

I consent & give permission for the use of photographs of myself/and or my child taken while at camp to be used in the promotion of Clara Springs Baptist Camp on the web page, printed material and on a camp picture CD.

I have read and understand the camp rules and guidelines for Clara Springs Baptist Camp. I understand that the above camper could be sent home at my expense at the discretion of the camp director .

Signature of Parent/Guardian

Date

This form MUST be turned in at the Registration Desk to Check In your Camper.

Medications	Dosage Instructions

For Office Use Only

Large empty rectangular area for office use.