

PEOPLE WITH DISABILITIES DAY CAMP
SATURDAY, JUNE 16, 2018; 10:00 A.M. – 4:00 P.M.
REGISTRATION FOR KAMP KEIRSEY

Please complete this form, and **mail it to Kamp Keirse, 10002 NW Route J, Amsterdam, MO 64723**. Early registration helps us buy supplies and make plans prior to camp. Any questions, contact Gayla Boyd @ 660-679-5241, or e-mail gjboyd@embarqmail.com. Check out the website www.kampkeirse.com if you need additional forms.

Camper's Name _____ Age _____ Date of Birth _____

Address _____ City, State, Zip _____ T-Shirt Size _____

Phone _____ Male _____ Female _____ Church Attended _____

Parent/Guardian/Provider Name _____ Phone _____

E-Mail _____ Other Emergency Contact _____

PERMISSION INFORMATION

I give my permission for the above camper to participate in activities associated with Kamp Keirse, and to swim with camp supervision. I give permission for emergency medical treatment if needed.

Signature _____ Relationship _____ Date _____

Are there any activities you do not want your camper to participate in? If so, please specify here.

DIET INFORMATION

Type of Special Diet _____

Eating Schedule _____

Essential Foods _____

Type of Drink _____

Signature _____ Relationship _____

CAMPER'S MEDICAL HISTORY

Major Disability or Mental Illness _____

Is the camper an endangerment to himself or others? _____ If yes, please explain. _____

Special Needs: Blind _____ Wheel Chair _____ Other _____

Has Camper had, or does the camper have any of the following? Please check if applicable.

- | | | |
|----------------------------|-----------------------|--------------------------|
| _____ Frequent Colds | _____ Kidney trouble | _____ Bed wetting habit |
| _____ Frequent sore throat | _____ Heart trouble | _____ Athlete's foot |
| _____ Sinusitis | _____ Rheumatic Fever | _____ Sleepwalking habit |
| _____ Abscessed ears | _____ Convulsions | _____ Stomach upset |
| _____ Bronchitis | _____ Fainting Spells | _____ Poliomyelitis |
| _____ Whooping cough | _____ Diabetes | _____ Measles |
| _____ Chickenpox | _____ German measles | _____ Mumps |
| _____ Seizures | _____ Other _____ | _____ Other _____ |

List daily medication, time given, and dosage: _____

Any allergies? Please specify. _____

Family Doctor/Nurse Practitioner _____ Phone _____

THE HOSPITAL THAT OUR CAMP USES IS BATES COUNTY MEMORIAL HOSPITAL IN BUTLER, MO, UNLESS OTHERWISE SPECIFIED.

DO YOU NEED A RIDE TO AND FROM KAMP KEIRSEY? _____ IF YES, PLEASE MAKE PRIOR ARRANGEMENTS BY CALLING 660-679-5241, AND LEAVING A MESSAGE.

Please bring the following for camp: Bible, swim suit (one piece for girls please, or wear shirt over suit), beach towel, medicine (if needed) with instructions. **PLEASE DO NOT ALLOW CAMPERS TO BRING CELL PHONES, RADIOS, CD PLAYERS, ETC.**