

*Siskiyou Baptist Children and Youth Camp*  
**CAMP ENROLLMENT & HEALTH FORM**

**Circle T-shirt size needed:**

youth: S M L      adult: XS S M L XL XXL

<b><u>LEADERS ONLY:</u></b> (circle any options):				
KITCHEN HELP	CAMP NURSE	GROUNDSMEN		
WORSHIP	CAMP PASTOR	CHILDRENS LEADER	YOUTH LEADER	TEACHER

NAME \_\_\_\_\_ **Sponsoring Church:** \_\_\_\_\_  
CAMPER LAST GRADE COMPLETED \_\_\_\_\_ **CAMPER AGE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE CONTACT (name) \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**IMMUNIZATIONS** (Please check and put last date of shots, if known)

Tetnus \_\_\_\_\_ Polio \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Other \_\_\_\_\_

**CURRENT MEDICATIONS:**

Name	Dosage	Time(s) of day given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: If any medication comes in pill or tablet form that needs to be cut, please send enough cut dosages *for the days of camp*.

**PERMISSION FOR TREATMENT**

My permission is granted for the Camp Director, Assistant Director, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and do hereby release and forever discharge all sponsors and the Church from any and all claims, actions, or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in Siskiyou Baptist Camp.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**Signature of parent/guardian:** \_\_\_\_\_